

Veterinary/Client/Patient Relationship (VCPR) Agreement/Code of Conduct  
Riverbend Integrative Animal Care

**Understanding of Services:** Riverbend Integrative Animal Care is not a full service hospital. We are a luxury, in home service. We will always do our best to provide prompt service, but this cannot be guaranteed. We strongly suggest forming a relationship with a full service hospital in cases of emergency, complex illness, surgery and for services requiring a hospital setting.

**Release of Liability:** We will be coming into your home. We will always do our best to ensure no damage or injury is sustained during an appointment. We will not be held responsible for any damage to home/property or injury of person or pet when we are in your home or on your property.

**Requirements:** To maintain a valid VCPR, we do require an in-person exam of your pet, annually. We will terminate any VCPR after 3 years of no contact with pet, and that pet will be considered a new patient.

**Code of Conduct:** Verbal abuse, bullying, or emotional blackmail of any kind will result in an immediate termination of the VCPR. No exceptions.

**Financial Responsibility:** All payments are due at the time of service. If you have any questions about cost, please request an estimate before an appointment is scheduled. Payments are also required before any medication will be released or laboratory tests are processed.

**Safety:** Aggressive pets can be very dangerous. We reserve the right to medicate, muzzle, restrain, or refuse service to any pet showing signs of aggression. If your pet bites a representative of our practice, it results in an automatic termination of our professional relationship. We are also legally required to report any animal bites to the local animal control office.

**Cancellation Policy:** We ask for a minimum of 48 hour notice for cancellation/rescheduling of an appointment. The client will be responsible for the price of a house call fee if owner cancels less than 48 hours before appointment.

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of any animal in which I request veterinary services. I do hereby give Dr. Ariel Hudson and her employees or representatives, full and complete authority to provide any and all veterinary services from this date forward.

By signing this, I agree that I have read this agreement in its entirety, and agree to, and understand all the terms stated above.

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Print Full Name of Pet Owner/Agent

Signature of Pet Owner/Agent

Date Signed