Flagler Animal Hospital Client Code of Conduct 2022

Flagler Animal Hospital seeks to continually provide a welcoming and safe environment that ensures trust and respect for all people and pets. We strive to treat every client and patient with kindness, respect, and compassion. Our goal is to create a working relationship with the shared goal of compassionate veterinary care for your pet.

To preserve this relationship we ask that you **do** the following:

- Disclose relevant, accurate, and complete information about your pet's temperament, health, and history.
- Visit at least once per year to maintain a valid veterinary-client-patient relationship as is required by law to dispense medications including flea and heartworm prevention.
- Treat other clients, patients, and personnel with respect.
- Meet financial obligations.
- Recognizing the reality of risks and limits of the science of veterinary medicine.
- Work collaboratively with providers to develop and carry out agreed-upon treatment plans.
- Address the Hospital Manager with any issues that may arise and clearly communicate your wants and needs.

To preserve this relationship we ask that you **refrain** from the following behaviors:

- Verbal abuse, malicious or harmful statements about others, profanity or disrespect
- Any form of harassment
- Discriminatory comments or actions
- Intimidation tactics and/or making threats
- Allowing your pet to intimidate or threaten a person or another pet
- Public disclosure of another's private information
- Being under the influence of alcohol or behavior-altering drugs
- Failure to comply with requests of our staff, including leashing/restraining your pet

In the event that your behavior is problematic, we reserve the right to terminate our relationship and discontinue services immediately. Non-compliance will result in corrective measures being taken, which may include being asked to leave the property and the possible involvement of law-enforcement. Thank you for your cooperation and understanding.

Client name: _____   signature:_____

Date:_____   FAH representative:_____

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