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**CLIENT RIGHTS AND RESPONSIBILITIES**

At [YOUR PRACTICE NAME], we are committed to [INSERT YOUR PRACTICE’S MISSION, CORE VALUES, OR GOALS REGARDING CLIENT/PATIENT CARE].

RIGHTS

YOU CAN EXPECT:

* To be treated with professionalism, compassion, honesty, and respect—free from discrimination
* That our priorities are your pet, your needs, and public safety
* Knowledgeable veterinary care for your pet
* To receive information you can understand and to help you make choices for your pet
* The ability to request a written prescription or your pet’s medical records
* Privacy and confidentiality, unless you ask otherwise or it’s required by law
* That your positive or constructive feedback is welcome
* To get notice from us, contact information for other veterinarians, and transfer of your pet’s care if we can’t treat your pet anymore

RESPONSIBILITIES

WHAT WE ASK IN RETURN IS:

That our team and other clients are treated with professionalism, compassion, honesty, and respect—free from discrimination

For you to be upfront and honest with our team, including

* + That you share information:
    - Provide (or grant us permission to request) your pet’s complete medical records
    - Answer our team’s questions and give us any information you think is important about your pet’s health or our team’s safety (especially a history of biting, scratching, etc.)
  + Sharing questions, challenge­s, or concerns about anything we’ve discussed, left unaddressed, or with any treatments

Your respect of our schedule and that medical care can be unpredictable

* + Cancel any appointments within [X HOURS/X DAYS] before your appointment so other pets can get care
  + [CAN INCLUDE NO-SHOW OR LATE APPOINTMENT POLICIES HERE]
  + Only allow people whom you trust to get information, make medical decisions, and provide payment for your pet to accompany your pet to appointments. Due to time constraints, we generally cannot repeat conversations with multiple people

That you provide your feedback

* + We know this can be hard, but please bring any concerns to our team, practice leadership, or [PRACTICE OWNER/MANAGER] right away so that we can improve our clients’ and patients’ experiences
  + Reviews and referrals are greatly appreciated!
* **Provide payment at the time of service**