



**DeZavala-Shavano
Veterinary Clinic**

**RECORD OF RECEIPT OF ANIMAL CARETAKER (KENNEL PERSON)
PROCEDURES HANDBOOK**
(Please use ink pen.)

I, _____, acknowledge receiving the DeZavala-Shavano Veterinary Clinic (Clinic) Animal Caretaker (Kennel Person) Procedures Handbook (handbook). I clearly understand that the procedures and, therefore, the handbook may change at any time, with or without prior notice. I understand every reasonable effort will be made to keep me informed of any changes.

I have read and understand the procedures outlined in the handbook and agree to abide by these procedures during my employment with the Clinic. I understand that it is impossible to cover every situation that may arise and agree to seek help from other staff members who have been with the Clinic longer whenever possible.

I understand I am to follow the procedures set up in the handbook as written unless given permission by a member of management to do otherwise, and I understand any violation in following the procedures in the handbook may lead to disciplinary action, up to and including discharge from employment at the Clinic.

Employee Signature

Date