



Germantown Square Shopping Center-Lower Level  
 12627 Wisteria Drive Suite C&D, Germantown, MD 20874  
 TEL: 240-715-6570 - FAX: 240-715-6574  
 info@holisticveterinaryhealing.com

## HOLISTIC VETERINARY HEALING INTAKE FORM

*Please email form 24 hours prior to appointment.*

OWNER			
Name:			Date:
Address:			
<i>street</i>	<i>city</i>	<i>state</i>	<i>zip</i>
Telephone Numbers:			
H:	W:	C:	
Email Address:			
How did you hear about Holistic Veterinary Healing?			
PATIENT INFORMATION: General			
Name:	Species:	Canine_____	Feline_____
Breed:	DOB:	Female	Male
Markings:		Spayed	Neutered
Color:	How much time spent:	Indoors_____	Outdoors_____
Diet (specific brands of food and treats):			
What is your pet's disposition? i.e. alert, shy, anxious, depressed, dominant, etc.			

**MEDICATIONS AND SUPPLEMENTS:**

**CHIEF COMPLAINTS**

What is the main reason for your visit today?

When did it start?

What do you think caused this?

What is your goal for today's appointment?

What forms of treatment have you tried?

What makes it better or worse? How is it affected by heat or cold, humidity, exercise, rest, pressure, being alone, comforted, outside, etc?

Client: \_\_\_\_\_ Pet: \_\_\_\_\_

**MEDICAL HISTORY**

Known allergies:

Vaccines:

Date of last Rabies, 1 or 3 year:

Date of last Bordetella:

Date of last DHPPV 1 or 3 year:

Date of last FVRCP (cats):

Other:

**CANCELLATION POLICY**

If you do not show up for your scheduled appointment, and you have not notified us at least 24 hours in advance, you will be required to pay a missed appointment fee.

I have read the above cancellation policy and agree to the terms:

\_\_\_\_\_  
Client Signature\_\_\_\_\_  
Date

*Continued on next page.*

Client: \_\_\_\_\_ Pet: \_\_\_\_\_

**REQUEST FOR SERVICES**  
**AUTHORIZATION FOR EXAMINATION AND MEDICAL TREATMENT**  
**(alternative or conventional),**  
**and FINANCIAL RESPONSIBILITY**

I am the owner or agent of the above described animal(s) and have the authority to execute this consent. I request that Holistic Veterinary Healing perform the services which are necessary to the examination and medical treatment of the animals presented to me. I understand that Holistic Veterinary Healing is using mainly alternative methods of treatment (ACUPUNCTURE, HOMEOPATHY, SPINAL MANIPULATION, NUTRITIONAL SUPPLEMENTS, CHINESE HERBS, etc...), some of which may not be accepted as standard methods of treatment by the AVMA (American Veterinary Medical Association). The nature and purpose of the procedures and alternative methods of treatment, the risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I understand that the treatment of the patient will be conducted with due loving care and in accordance with the prevailing standards of competency in Veterinary Holistic Care recognized by the AHVMA (American Holistic Veterinary Medical Association). I also understand that Holistic Veterinary Healing is not a full veterinary facility: some specialty procedures may be referred.

I assume financial responsibility for all charges incurred to the patient for services rendered and understand that full payment is required upon discharge. I understand that any overdue payments may be charged to the credit card I have on file at any time. Accounts over 30 days past due shall be charged 1.5% interest per month, with a minimum of \$4.50. I agree to pay all cost litigation incurred in the collection of past due accounts. I understand that a written estimate of charges is available upon my request. This agreement shall remain in effect until such time as a different agreement is executed.

\_\_\_\_\_  
SIGNATURE OF OWNER OR RESPONSIBLE AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF OWNER OR RESPONSIBLE AGENT