



Heal Integrative Veterinary Medicine

PLEASE PRINT CLEARLY

So that our doctors can spend as much time as possible helping your pet, please fill out this form ahead of time and bring it with you to your appointment.

Name of Human Guardian: _____

Home & Mailing Address (if different): _____

City/State/Zip: _____

Best Phone Number: _____ **Secondary Number:** _____

Email Address: _____

Communication preference? Call [] Text [] Email []

Facebook/Instagram Famous: OK to use pet's photo on Social Media, Webpage or other promotional material? Yes _____ No _____

How did you learn about Heal? _____

Primary Care Veterinarian: _____

Pet's Name: _____ **Breed:** _____

Age/Date of Birth: _____ **Sex:** _____ **Spayed/Neutered:** _____

Color/Markings: _____

Approximate Weight: _____

Have there been any recent changes in:

Weight: _____ Mood: _____

Thirst: _____ Appetite: _____

Urination: _____ Defecation: _____

Have there been any signs of: (circle all true)

Regurgitation | Diarrhea | Constipation | Incontinence

Today's visit is to treat: _____

Specify your goals for treatment: _____

When & where did you get your pet? _____

Is your pet aggressive toward: (circle all true)

Dogs | Cats | Animals | Men | Women | Kids

Have there been any significant medical issues in the past? (i.e., surgeries, accidents, vaccine reactions, noise phobias (i.e. Vacuum), separation anxiety, etc.) _____

Last vaccines given: _____
Frequency and types of vaccines, flea/tick meds, heartworm prevention tests given to pet throughout lifetime: _____

What kind of food does your pet eat? _____

Supplements? _____

Treats? _____

List all medications and dosages:

Are you capable of giving medication to your pet in the form of: (circle all true)
Pills | Liquids | Powders in Food

Exercise type & frequency: _____

Playtime type & frequency: _____

Has your pet traveled/lived outside of this area? (List where, when & for how long) _____

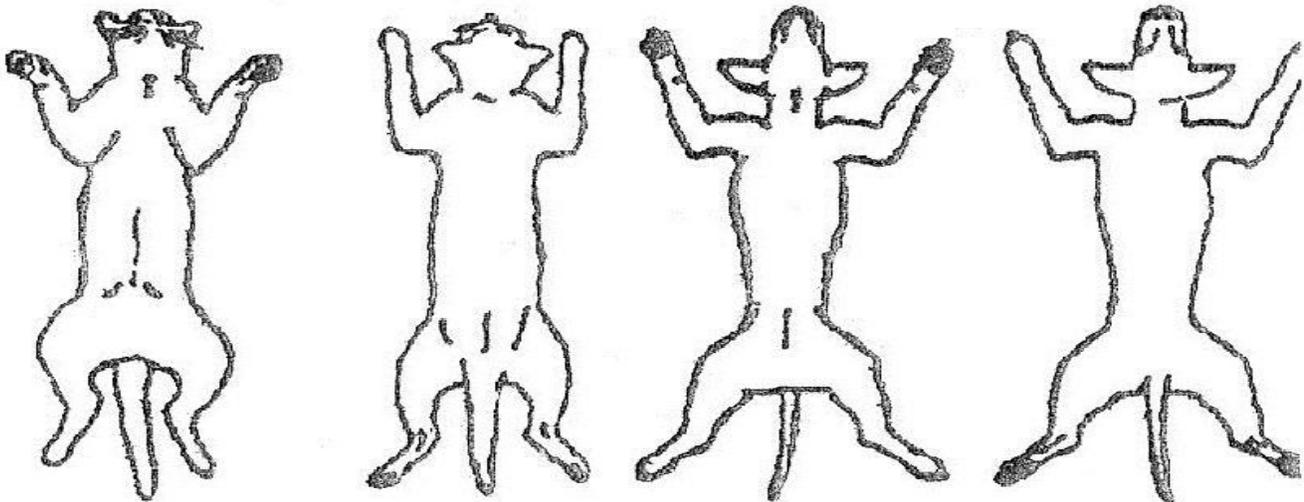
What other pets live in your house? _____

Do all your pets get along or are there conflicts? _____

Is anyone in the house having similar symptoms or significant illness? _____

Have there been any changes in the household recently? _____

Please shade in the areas on the chart where you are noticing lameness or soreness. Please place circles/dots where there are lumps/masses.



Please Initial each paragraph once you have READ, UNDERSTOOD AND AGREED to the terms:

I understand that Heal doctors are licensed veterinarians who focus practice on integrative and rehabilitative therapies including but not limited to: acupuncture, aqua-puncture, herbals, supplements, food therapy, physical rehabilitation, pain management, essential oils, massage, routine lab work and vaccine titers.

(Circle all modalities listed that you are open to or would like to learn more about) _____ **Initial**

I understand that Heal Integrative Veterinary Medicine currently does not offer hospitalization, urgent care, surgery, dentistry or radiographs and can provide a referral if these are needed or desired. I understand that Integrative Care is not a substitute but is a complement to routine veterinary care, including dental care. **I understand that my own participation is essential in helping my pet.** This includes but is not limited to providing appropriate physical, emotional, spiritual, mental and routine medical care for my pet and adhering to the Home Exercise Plan we recommend.

_____ **Initial**

I understand that I am responsible for restraining my pet during acupuncture so that the needles are not pulled out, eaten or shaken out.

_____ **Initial**

I understand that our animal practitioners always maintain the Hippocratic Oath to “above all else, do no harm” and work with the animals, not against them. This may mean that for some sensitive animals, subtle energetic techniques may be more appropriate than the use of acupuncture needles. Remember: each session is individual and may involve fewer or more needles or different treatment options and be longer or shorter than other sessions

_____ **Initial**

I understand Heal practitioners always do their best to help patients and there is never a guarantee as to the outcome; as is true with all medicine and all aspects of life.

_____ **Initial**

I understand that if my pet is to receive long term herbs and/or supplements, a current doctor/patient relationship must be maintained by scheduling an exam at least once a year. Any new issues or if you have not seen a doctor in over a year needs a new exam. Rechecks on existing issues if seen the doctor within a year needs a recheck exam. Recheck on an existing issue and seen the doctor within six months needs a brief exam.

_____ **Initial**

I understand that payment is due at the time of services rendered and that there is a \$50 fee for any returned checks.

_____ **Initial**

I UNDERSTAND THAT IF I FAIL TO GIVE 24 HOURS’ NOTICE FOR CANCELLING OR RESCHEDULING AN APPOINTMENT OR IF I DO NOT SHOW FOR A SCHEDULED APPOINTMENT, I WILL BE CHARGED A \$75 FEE FOR THE DOCTOR’S TIME.

_____ **Initial**

Signature: _____

Date: _____

Print Name: _____