



Holistic Pet Vet Clinic

Quality Integrative Medicine with an Emphasis on Naturopathic Care

Guardian Information

Name: _____ Partner/Spouse/Other: _____

Address: _____ City, State, Zip: _____

Home Phone/Cell: _____ Work: _____

Preferred number to contact you: _____ Best time to contact you: _____

Email: _____ Emergency Contact and Phone: _____

How did you hear about us? Individual we may thank: _____

Internet Web Site Drove by Other _____

Because many of our clients choose to maintain relationships with their allopathic vets for complementary or emergency care, it is helpful for us to have contact information when coordinating the care of your pet. Please list any other veterinary doctors or facilities that you may be working with:

Veterinarian/Clinic: _____ Phone Number: _____

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Please be aware of the following policies:

- ☉ We appreciate the courtesy of a 24-hour notice if you are unable to keep a scheduled appointment. We reserve the right to charge \$25.00 for late cancellations or missed office visits; \$50.00 for missed surgical appointments.
- ☉ We require a minimum 24-hour advance notice for all prescription refill requests. (Some specialty medications may require a 7-day advance notice if the item must be special ordered.) This allows us time to consult with a doctor and fill your prescriptions before you arrive. Refills called in to our voicemail will not be available until after 1:00 p.m. the following business day. A rush fill fee of \$10 will be charged for requests of less than 24 hours.
- ☉ It is not the goal of Holistic Pet Vet Clinic to act as an emergency facility. While we make every effort to reserve emergency appointment times during our *regular business hours*, there may be occasions when we simply cannot accommodate your emergency needs. Please seek emergency care as needed with the reassurance that we can follow up holistically when the acute situation has been stabilized. Please note that for some emergency appointments, an emergency fee of \$50.00 may apply.
- ☉ Payment is expected at the time of services unless prior arrangements have been made.

I have read and understand the above policies and understand what is expected from me by seeking treatment for my pet(s) at Holistic Pet Vet Clinic.

Guardian or Responsible Party: _____ Date: _____

Guardian or Responsible Party (please print name)