Holistic Pet Vet Clinic

Quality Integrative Medicine with an Emphasis on Naturopathic Care

Guardian Information

Guardian: _____ Partner/Other: _____

Address: _____ City: _____ State: ____ Zip: _____

County: _____

Home phone/cell: _____ Work: _____ Email: _____

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

Emergency contact name and phone: _____

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

❑ Internet ❑ Web site ❑ Mobile App ❑ 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 24-hours' notice if you are unable to keep a scheduled appointment. We reserve the right to charge $35 for late cancellations or missed office visits, and $50 for missed surgical appointments.
- We require a 48-hour advance notice for all prescription refill requests. This allows us time to consult with a doctor and have your prescriptions ready when you arrive. A "rush" fee of $20.50 will be charged for requests with less than 48-hour notice.
- Holistic Pet Vet Clinic is not an emergency facility. While we make every effort to reserve emergency appointment times during our regular business hours, there may be days that 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.
- Payment is due at the time services are rendered.
- Please note: *We do not accept returns, or give refunds on, food or medications.*

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

_____ _____

Holistic Pet Vet Clinic Witness Date

11505 SW Pacific Highway, Suite D, Tigard, Oregon 97223 Phone: 503-293-6666, Fax 503-293-1721 holisticpetvet@holisticpetvetclinic.com