



Holistic Pet Vet Clinic

Quality Integrative Medicine with an Emphasis on Naturopathic Care

Guardian Information

Guardian _____ Partner/Other _____
(Last) (First)

Address _____ City _____ State _____ Zip _____

County: _____

Telephone (Home) _____ (Work) _____

(Cell) _____ Email _____

At what time _____ and phone no. _____ would it be best to reach you?

In case of emergency, contact: _____ @ phone # _____

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

___ Dex ___ Internet ___ Redirect ___ Drive By ___ Website 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:

Name: _____ phone: _____

Name: _____ phone: _____

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 \$25.00 for late cancellations or missed office visits; \$45.00 for missed surgical appointments.
- ☉ We require 24 hours advance notice for all prescription refill requests. This gives us plenty of time to consult with a doctor and make sure your prescriptions are ready when you arrive. Refills called in to our voice mail will not be available until after 1pm the following business day.
- ☉ 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 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. 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 Signature _____ Date _____

For Office Use Only:

If paying by check the following information must be kept on file:

Driver's License # _____ State _____ Exp Date _____ OR Social Security # _____