

Alternative Veterinary Care Agreement

<i>Client's Name</i>					
<i>Pet's Name</i>		<i>Species</i>	<i>Canine Feline</i>	<i>Breed</i>	

I request that "The Healing Place" perform the services which are necessary to the examination and medical treatment of the animal being presented by me. I acknowledge that I have independently sought out conventional veterinary medical care and/or surgical treatment for this animal prior to seeking treatment for it at "The Healing Place". I understand that "The Healing Place" is an alternative and complementary clinic that offers and provides an alternative method of care that complements conventional veterinary care.

I understand that "The Healing Place" primarily uses alternative methods of treatment (acupuncture, chiropractic, nutritional supplements, low level laser therapy and homeopathy, 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 "The Healing Place" is not a full service veterinary facility, and that some specialty procedures may be referred.

I acknowledge that I approve of the use of alternative veterinary therapies, including but not limited to acupuncture, chiropractic, nutritional supplements, cold laser therapy and homeopathy in the treatment of the above named animal.

I assume full responsibility for all charges incurred in the care and treatment of this animal and understand that all charges are due and payable at the time the services are rendered.

Appointment Cancellation Policy: We understand that there are occasions when you may have to cancel an appointment. We require a minimum of 24 hours prior notification for all appointment cancellations. You will incur a \$45.00 no show fee upon the second incident of your failure to provide us with a minimum of 24 hours notice of cancellation. This fee will be assessed in consideration of the other clients we were not able to help, due to our inability to utilize the time that was reserved for your appointment.

Returned Check Policy: There will be a \$35.00 fee assessed for all returned checks. If there is a second returned check, your account will be payable thereafter by credit card or cash only.

Signature of Owner or Agent: _____ Date: _____

The Healing Place
Your Holistic Veterinarian
 1200 NE 5th Street, Suite B, Crystal River, FL 34429

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