



Healing Hands Veterinary Hospital



OWNER:

Last

First

PARTNER/CO-OWNER:

Last

First

ADDRESS:

Street

city

zip

CELL PHONE: ()

HOME PHONE: ()

EMAIL:

Emergency Contact:

Name

()

Ph. Number

HOW DID YOU HEAR ABOUT US?

WEBSITE

SIGN

GOOGLE

OTHER:

CLIENT REFERRAL:

How would you like to receive reminders?

Email

Email/Text

Text Only

Postal

All Methods

*****ALL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED*****

All clients are expected to provide advance notice of cancellation for all scheduled appointments. A \$50.00 deposit will be required for all clients with 3 or more no call/no show for appointments within a 12 month period. This deposit will be applied towards your visit.

Alternative Therapy

I understand that the following treatments are considered alternative therapy and investigative by mainstream medicine:

- *Acupuncture*
- *Electro-acupuncture*
- *Gold Bead Implant.*
- *Herbal Therapy*
- *Homeopathy*
- *Massage Therapy*

I authorize the staff of La Cantar Animal Hospital to perform alternative therapy on my pet to include the above mentioned treatments, and any other treatment plans that may be discussed between me (or responsible party), and the staff of La Cantar Animal Hospital. The nature and purpose of the procedures, possible alternative methods of treatment, the risks involved and possibility of complications, have been fully explained to me. I acknowledge that no guarantee has been made to me regarding the results that may be obtained. I also understand that I have the right to discuss and have access to all traditional Western medical procedures and treatment methods if necessary or required.

Media Consent

La Cantar Animal Hospital may use print photographs and other forms of media material of clients and/or pet(s) for educational, informational, and promotional purposes. Images may be used for, but is not limited to La Cantar Animal Hospital publications, articles, newsletters, newspaper articles, advertising material, web listings, websites, social media, etc. This consent form will be kept on file by La Cantar Animal Hospital as reference for individual approval. I understand that La Cantar Animal Hospital will own all rights to the photographs, moving images, sound recordings, and other media and that I will not be compensated for any use.

I Authorize La Cantar Animal Hospital to take and use any photographs or media in any La Cantar Animal Hospital publication, production, or presentation, including but not limited to electronic internet marketing material for the purpose of promoting La Cantar Animal Hospital in a positive manner.

I DO NOT authorize La Cantar Animal Hospital to take and use any photographs or media.

Signature

Date



PET INFORMATION



Pet Name:

DOB/Age:

Dog

Cat

Breed:

Color:

Male

Female

Neutered/Spayed:

Yes

No

Previous Veterinary Hospital:

Please list all long term medications as well as any health problems:

Pet Name:

DOB/Age:

Dog

Cat

Breed:

Color:

Male

Female

Neutered/Spayed:

Yes

No

Previous Veterinary Hospital:

Please list all long term medications as well as any health problems:

Pet Name:

DOB/Age:

Dog

Cat

Breed:

Color:

Male

Female

Neutered/Spayed:

Yes

No

Previous Veterinary Hospital:

Please list all long term medications as well as any health problems:

Pet Name:

DOB/Age:

Dog

Cat

Breed:

Color:

Male

Female

Neutered/Spayed:

Yes

No

Previous Veterinary Hospital:

Please list all long term medications as well as any health problems:

SUBMIT