**Healing Hands Veterinary Hospital**

**Welcome Form**

OWNER

**Last First**

ADDRESS

**Street city zip**

CELL PHONE (primary) (\_\_\_) HOME PHONE(secondary) (\_\_\_)

E-MAIL

PARTNER/CO-OWNER \_\_\_ CELL PHONE (\_\_\_)

**Last First**

HOW DID YOU HEAR ABOUT US? WEBSITE SIGN REFERRAL:

**DRIVER’S LICENSE NUMBER** **(REQUIRED):**

**STATE:**  **EXP. DATE:**  **DOB:**

If you plan to pay with a personal check we also require your social security number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_

**We have a NO CALL NO SHOW POLICY where we require a Debit or Credit card on file in order to schedule an appointment. If you do not call to cancel your appointment 24hrs prior to the appointment time, there will be a $50 charge.**

**Please provide a Debit or Credit card that you would like kept on file to the receptionist, if you have not already done so.**

**(It does not have to be the same one you are planning on using)**

**Please initial stating you understand our policy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**X**

Signature Date

**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 Healing Hands 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 Healing Hands 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.

**X**

Signature Date

**Media Consent**

Healing Hands 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 Healing Hands Animal Hospital publications, articles, newsletters, newspaper articles, advertising material, web listings, websites, social media, etc. This consent form will be kept on file by Healing Hands Animal Hospital as reference for individual approval. I understand that Healing Hands 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** Healing Hands Animal Hospital to take and use any photographs or media in any Healing Hands Animal Hospital publication, production, or presentation, including but not limited to electronic internet marketing material for the purpose of promoting Healing Hands Animal Hospital in a positive manner.

**I DO NOT authorize** Healing Hands Animal Hospital to take and use any photographs or media



**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: Date of Birth / Age\_\_ \_\_\_\_\_\_\_\_\_\_\_

Dog\_\_\_\_ Cat\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male\_\_\_\_ Female\_\_\_\_ Neutered/Spayed: Yes No

Previous DVM:

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

Pet Name: Date of Birth/Age: \_\_\_\_\_\_\_\_\_\_\_

Dog\_\_\_\_ Cat\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male\_\_\_\_ Female\_\_\_\_ Neutered/Spayed: Yes No

Previous DVM:

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