Consent for Alternative Medical Care

Client's Name: Patient's Name:

I hereby certify that I am the owner or an authorized agent of the owner for the above named pet and am over the age of eighteen.

I recognize that I am seeking a form of treatment for my pet that varies from traditional evidence-based Western veterinary medicine. This is being pursued **a)** _______ of my own accord, _______ **b)** as a result of a word-of-mouth referral by a friend,______ or **c)** as a referral from a veterinary health care professional. **(Please initial one of these.)**

I understand that the diagnostic and/or treatment procedures for this care are likely to vary considerably from those offered at traditional veterinary practices. These forms of alternative medical practices include: 1) acupuncture, 2) homeopathy, 3) chiropractic adjustments, 4) herbal and holistic medicine, and 5) others as listed here

I understand that not all patients can or will benefit from one or more of these alternative medical approaches. I accept that the attending doctor may discuss, recommend, and/or prescribe other modes of care for my pet including referrals to general practitioners, boarded specialists, other alternative medical caregivers, conventional medical or surgical care at this facility or a combination of these options. I also understand and accept that the attending doctor may decide not to offer suggested alternative medical care for my pet without further diagnostic testing or may decide not to offer such care because there is no apparent reason that it would benefit my pet.

It is my understanding that I will be provided with a medical care plan and written estimate of the fees related to any additional diagnostic tests and/or treatments using this type of medical and follow-up care. I am aware that the practice of veterinary medicine is not an exact science and, thus, no guarantee for successful treatment has been made. I am encouraged to ask questions and agree not to proceed with this alternative veterinary care until I have them answered to my satisfaction.

I hereby consent to the provision of requisite diagnostic procedures and alternative medical treatment provided by the attending doctor(s) and practice health care team at this facility and, in the absence of negligence, agree to hold them harmless for the absence of response to treatment or any ill effects experienced by my pet.

____

Signature of Owner or Authorized Agent Date

Universally Holistic Veterinary Services
450 E Burton Lane
Kaysville, UT 84037
Phone: (435)899-0577
Email: Kathy.backus.kent@gmail.com

New Client Information

(For any questions requiring a Please Circle One, please highlight if filling out and sending back by email)

Today's Date: ___/___/___ Is this your first appointment with Dr. Backus? __Yes __No

Referred By: ______________________________

Client Information

A. Name:____________________________

B. Address:
City:_______________State:__________Zip Code:__________County:________________

C. Phone Contact Information

Home: ______________

Work: _______________

Mobile: ______________

Email Address: _________________

Website Address: _______________

- Any phone preferences or prohibitions:

  ____

  i.e. – best time to call, whom to leave messages with (or not), etc.

- Would you like us to keep your credit card information on file for phone transactions?

  Yes No

  We keep this information secure and separate from your general file.

- Name & phone number of person to call in case of emergency:

  ____

D. Additional Information
   1. Are you a patient or client of a chiropractor, acupuncturist, healer, or helper? Describe

____

E. The following information is *optional*, but may be extremely important in regard to your animal's health.

List or describe any major issues for you or your animal's multi-species "family" in the following areas.

Health	Emotional
Environmental	Family

F. Any other information you would like us to have:

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NEW Patient Information

(For any questions requiring a Please Circle One, please highlight if filling out and sending back by email)

Owner: _____________________ Date: ___________________

A. **Signalment**
   1. Registered Name:__________________________
   2. Nickname:________________________________
   3. Species *(circle or highlight one)*
      Dog Cat Other: __________
   4. Date of Birth ___/___/___ *(if unknown – give best approx. date and/or year)*
   5. Neutered Male Spayed Female Male Female *(circle or highlight one)*
   6. Breed:_____________________
   7. Color:_____________________
   8. Markings:_________________
   9. Weight:__________ Height:__________
   10. Registration #:_____________
   11. Tattoo #:_________________
   12. Microchip? Yes No

B. **Animal Insurance Information** (if applicable)
   Person responsible for account

Name: Relation to Client: Billing Address: Insured's Name:	Insurance Company Name: Co. Address: Co. Phone: Type of Coverage: Policy # Group#

C. **Reason for Visit**
   1. What is the reason for this visit today?
   2. What is your overall health goal?

D. **Medical Information & History**
   1. Vaccination History:
      *(Please include the dates, types of vaccines, and **any** reactions; also titers if take)*

____
____

2. Deworming History & Heartworm Prevention:
   (Please include the dates, chemical used, and any reactions)
   ____
   ____

3. Dentistry: *(Please include dates, frequency of care, and any abnormalities)*
   ____
   ____

4. How frequently are your pet's nails trimmed? Do they have difficulty with this procedure?
   ____
   ____

5. Describe what your animal eats and drinks, and any changes in the last six months.
   (brand, amount and frequency of feed, type of dishes, and water source)
   ____
   ____

6. Any medications or supplements? List substances, brand, and dosage.
   ____
   ____

7. Describe where and how your animal lives, exercises, and sleeps.
   ____
   ____

8. Type of collar, harness, other clothing.
   ____
   ____

9. Training History. *(type, duration, any significant occurrences – positive or negative)*
   ____
   ____

10. Briefly describe your animal's personality and disposition. *(note any changes and when occurred)*
    ____
    ____

11. Please list approximate dates and describe any history of injury, illness, or emotional disturbance.
    a) Injuries: *(including: falls, lameness's, wounds, head trauma, fractures, surgery, surgical implants or orthopedic hardware)*
    ____
    ____
    ____

    b) Illnesses: *(including: GI upset, respiratory disease, cancer, allergy, thyroid disease, hormonal dysfunction, urinary problems, heart disease, infections)*
    ____

____

____

c) Emotional Disturbances: *(behavioral problems, fears, phobias, aggression, emotional trauma)*

____

____

____

E. Diagnostic Information

1. Does your animal have previous blood work? *(if significant, please arrange for us to have a fax or copy of blood work for our records)*

____

2. Does your animal have previous radiographs? (if so, owner must request that they be sent to us)

____

F. Other Veterinarian(s)

Name: Hospital Name: Address: Phone Number: Fax:	Name: Hospital Name: Address: Phone Number: Fax:

G. Other Therapist(s)

Name: Hospital Name: Address: Phone Number: Fax:	Name: Hospital Name: Address: Phone Number: Fax:

H. Alerts – current or Previous

Bites Pulls on leash Runs Away

Dog/Cat/Human Aggressive: ____

Allergies:

Medications: ____

Supplements: ____

Foods: ____

I. Other Information

1. Use/Occupation/Favorite Activities:____
2. Habits/Vices:____