

CLIENT ACCEPTANCE FORM

Table with 2 columns: TRS contact info (40 Exchange Pl. 3rd Floor, New York, N.Y. 10005, (212) 216-9177, Fax (203) 255-0703) and 248 Alden Street contact info (Fairfield, CT 06824, (203) 254-8642, Fax (203) 255-0703)

I am honored that you are willing to trust me with the care of your animal. As you are likely already aware, my practice is not the usual. I offer consultation in the use of homeopathic remedies and nutrition (in the form of fresh food diets, vitamin & mineral supplementation, and food concentrates). I emphasize this form of treatment because I feel it is the most effective way of dealing with a wide variety of health problems that animals face. It is my opinion that homeopathic and nutritional therapy can be used to treat the same broad range of problems that are conventionally treated with drugs. It is also my experience that this is a successful approach. However, not every problem can be successfully resolved. Sometimes the disease is too far advanced for these methods. Other times, I do not have the necessary knowledge or experience. Occasionally, these methods fail in spite of my best efforts. I say this not to discourage you, but rather to honestly communicate my skills and also my limitations.

It is important, as we start working together, that you realize, regardless of the nature of the problem your animal has, and in spite of the diagnosis or prognosis that you have received from another practitioner, we are going to use the above-mentioned methods and no other in the treatment of your animal. If it becomes your decision to have conventional drug therapy or surgery, we will refer you to another practice that can provide this rather than do it ourselves. If it is our opinion, that for the well being of your pet you should receive care from another practitioner or by other methods we will also refer you for this care rather than provide it ourselves. If it is your choice to terminate treatment at any time, that choice is honored. If I, the veterinary practitioner, feel that I am no longer able to continue to treat your pet, I may terminate the veterinary-client relationship. If, in my opinion, it would be best for your pet to be treated by a different practitioner or a different treatment method, I will terminate our doctor-client-patient relationship and offer referral to a practice I believe to be better suited to your pet's condition. My practice is not equipped to provide many conventional diagnostic tools, such as blood work, x-rays, ultrasounds, biopsies, etc. If I feel such tests are necessary for the treatment of your animal, you are free to go to a conventional veterinarian of your choice to have them performed.

Please note that I do not work with emails, rather just with phone consultations. Although I will read email reports, all actual consultations must be in person or by telephone. Our office will make its best effort to respond to your call within 24 hours, however, if there is an emergency situation, that requires immediate attention, please contact your closest emergency care facility.

If what has been presented here is acceptable to you and, indeed, what you wish for your pet, please sign the statement of acceptance that follows. This signature will also be your authorization to us to charge your credit card for telephone consultation, for emails, and for any time spent on the case, and for medication sent.

Declaration of Acceptance:

I have read the above explanation of the type of treatment offered by the Animal Natural Healing Center. I agree that this is what I want for my animal. I further state that I am not expecting any other treatment than what is described here. I have received and reviewed the price schedule and the explanation of fee schedule and it is acceptable to me. The Animal Natural Healing Center has my permission to use my credit card to charge against my balance. I agree to be responsible for all charges incurred by the Animal Natural Healing Center. I also agree to pay any missed appointment charges or returned check fees. If I am placed in collections, I agree to pay reasonable collection costs and attorney fees.

Please Note: Cancellation of an appointment without 48 hours' notice will be subject to a fee of \$300.00

All cancellations must be done by phone NOT by email.

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

CREDIT CARD: MasterCard  Visa  Discover

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-Digit CVC Code \_\_\_\_\_

Email address \_\_\_\_\_ Zip Code \_\_\_\_\_