

# Veterinary Holistic Healthcare



## Veterinary Holistic Healthcare Client Information

### CLIENT DETAILS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT NUMBERS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ANIMALS NAME/S: \_\_\_\_\_

ANIMALS SPECIES AND BREED: \_\_\_\_\_

ANIMALS AGE AND SEX \_\_\_\_\_

DESEXED \_\_\_\_\_

PATIENT WEIGHT: \_\_\_\_\_

*How did you hear about us, did your vet refer you, word of mouth, via the internet, other?*

\_\_\_\_\_

*Are you happy to receive email correspondence? Yes  No  Thank you for your feedback.*

## Consent and Authorisation for Treatment:

***I as the owner/authorized agent of the owner (~~delete one~~) of the above animal(s), make an informed consent for therapeutic procedures to be dispensed for my animal(s). I understand and consent to the following terms of treatment:***

- *Treatment options will be discussed and explained. If something is not clear, I am able to ask for further clarification. I can elect the options that would be most suitable for the health and welfare needs of my pet(s). This may involve either conventional/alternative or a combination of both treatments.*
- *The monitoring of my pet's health during the treatment is of vital importance and I accept the responsibility of ensuring follow up consultations.*
- *There is no guarantee of a positive outcome in every case.*
- *Herbal medicine is considered a complementary or alternative therapy by practitioners of conventional medicine and is not considered a mainstream therapy by the professional and regulatory agencies which oversee veterinary medicine within New Zealand. **I fully elect to undertake these treatments in full knowledge of this.***
- *I acknowledge that the care my pet receives with complementary/alternative treatments is specialised and does not replace the conventional care received from my regular veterinarian.*
- *My primary/referral veterinarian will be fully informed of the treatment modalities incorporated. I consent to my patients history being obtained from my current vet or will email the history with this documentation.*

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***Payment is to be made prior to consultation: (\$180 First Consult – 45/50 minutes, \$90 Follow Up Consult – 30 minutes – includes post consult write up).***

***Bank account details: Veterinary Holistic Healthcare  
02- 0412-0180597-000***

*Please add your name in the particulars and your animals name as the reference.  
The link to Paypal can be accessed via my website under 'book an appointment, if this payment option is easier.*

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

***I have completely and fully read this document and consent to its terms.***

***Signature of owner or Authorized Agent: \_\_\_\_\_***

***Date: \_\_\_\_\_***

**Please email these forms through to [admin@vethhc.co.nz](mailto:admin@vethhc.co.nz)**