



Germantown Square Shopping Center-Lower Level
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REQUEST FOR SERVICES

AUTHORIZATION FOR EXAMINATION AND MEDICAL TREATMENT (alternative or conventional), *and*

FINANCIAL RESPONSIBILITY

I am the owner or agent of the above described animal(s) and have the authority to execute this consent. I request that Holistic Veterinary Healing perform the services which are necessary to the examination and medical treatment of the animals presented to me. I understand that Holistic Veterinary Healing is using mainly alternative methods of treatment (ACUPUNCTURE, HOMEOPATHY, SPINAL MANIPULATION, NUTRITIONAL SUPPLEMENTS, CHINESE HERBS, etc...), some of which may not be accepted as standard methods of treatment by the AVMA (American Veterinary Medical Association). The nature and purpose of the procedures and alternative methods of treatment, the risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I understand that the treatment of the patient will be conducted with due loving care and in accordance with the prevailing standards of competency in Veterinary Holistic Care recognized by the AHVMA (American Holistic Veterinary Medical Association). I also understand that Holistic Veterinary Healing is not a full veterinary facility: some specialty procedures may be referred.

I assume financial responsibility for all charges incurred to the patient for services rendered and understand that full payment is required upon discharge. I understand that any overdue payments may be charged to the credit card I have on file at any time. Accounts over 30 days past due shall be charged 1.5% interest per month, with a minimum of \$4.50. I agree to pay all cost litigation incurred in the collection of past due accounts. I understand that a written estimate of charges is available upon my request. This agreement shall remain in effect until such time as a different agreement is executed.

SIGNATURE OF OWNER OR RESPONSIBLE AGENT

DATE

SIGNATURE OF WITNESS

DATE