

# The Healing Oasis Veterinary Hospital Client Intake Form.

Office use only  
Client # \_\_\_\_\_

## Owner Information

First Name:	Last Name:	Middle Initial:
Spouse:		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
When and at which number is it best to call about your pet?		
Employer:		

Is there someone we can thank for referring you to us? \_\_\_\_\_

## Payment Information

Payment is due at the time services are rendered. We will gladly prepare a written estimate if you so desire, please ask any member of our staff to help you.
What is your preferred method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover
If you are paying by check or credit card, please include the following:  Driver's License Number _____ Bank Name _____ A base service fee of <b>\$35.00</b> will be assessed for each non-sufficient fund check and certified letter that must be sent.

## Additional Owner(s) or Co-Owner(s)

First Name:	Last Name:
Mailing Address:	
City:	State: Zip:
Home Phone:	Work Phone: Cell Phone:
Employer:	

## Agent Information

Other than you and any additional or co- owner(s) listed above are there any other persons to whom you give primary responsibility for the care of the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have checked "Yes" above, please list the name, telephone number and address for such other persons in the order you wish for us to contact them in the event that you or the co-owner(s) is not available (all authorized agents must be at least 18 years old): 1.  2.

## Informed Consent

I understand that my veterinarian will need to communicate with me, or someone designated by me, prior to treatment of my pet(s) in order to obtain informed consent. For purposes of obtaining informed consent, I direct my veterinarian as follows:

Informed consent may only be provided by me: Yes\_\_\_\_\_ No\_\_\_\_\_

Informed consent may be provided by me or the co-owner(s) above: Yes\_\_\_\_\_ No\_\_\_\_\_

Informed consent may be provided by the agents above, in the order listed: Yes\_\_\_\_\_ No\_\_\_\_\_

Please list any special directions regarding who my veterinarian should contact to obtain informed consent in an emergency if I, any co-owner, and my authorized agents are not available:

\_\_\_\_\_  
\_\_\_\_\_

OVER 

Although there is ample scientific information on how the integrative health care modalities work, no veterinary school in North America teaches these modalities and hence they are considered “out of the conventional modality”. In accordance with the American Veterinary Medical Association (AVMA) bylaws on Integrative Therapy Modalities, it is our obligation to inform each of our clients that these modalities are considered “experimental” by the AVMA. However, these modalities have been used and practiced for centuries in other countries and are a part of the “main stream medical practice” in most European countries and are currently being taught at European Universities.

Initial\_\_\_\_\_

The Healing Oasis Veterinary Hospital, Inc. and its staff are committed to use any and all of the available options to treat any ailment that is afflicting the patient. In addition, we will discuss conventional treatments first; followed by the integrative choices and we will help you choose the one that is best suited for your pet given the signs and/or symptoms at the time of presentation. If we feel that the best way to treat your pet would be the “conventional” way, it would be up to the patient’s primary health care provider to offer the suggested treatment. If the owner requests, and it is within our means we will provide the “conventional’ and the “holistic” or natural treatment.

Wisconsin law (chapter 453.075) states that all records become property of The Healing Oasis Veterinary Hospital, Inc. There is a fee for any copies and postage of records including digital x-rays requested by the owner. Referrals need a one (1) week notice in order to have records typed and mailed to the medical professional that will be seeing your pet. There is no charge for sending records directly to another veterinarian; this is a professional courtesy.

**I understand that every effort will be made to achieve a successful outcome; however, no guarantee has been made as to results that may be obtained. Every effort will be made to provide for all possible safety in care and handling of my pet. I understand that complications may arise which cannot be predicted and that I will be held financially responsible for any veterinary medical care necessitated by complications.**

Initial\_\_\_\_\_

I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of **\$35.00** will be assessed for each non-sufficient fund check and/or certified letter that must be sent.

I understand that veterinary service may be provided during night time hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided during overnight stays. If I neglect to pick up my pet within 5 days of the discharge date and do not notify The Healing Oasis Veterinary Hospital, Inc within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as deemed best and/or necessary.

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Owner Signature

Printed Name

Date

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Witness Signature

Printed Name

Date