

Pamela Fisher DVM

HOLISTIC VETERINARY PRACTICE

7211 Wales Ave NW

North Canton, Ohio 44720

330-266-2500

330-266-2501 fax

www.holisticvetpractice.com

Client Acceptance Form

I am privileged to be entrusted with the Holistic Wellness Care of your animal. I offer consultations in the use of nutrition (in the form of fresh food diets, vitamin and mineral supplementation, and food concentrates), homeopathic remedies, herbs, including an allergy elimination technique, osteopathic manipulation, and behavioral guidance. I emphasize these holistic forms of treatment because I feel it is the most effective way of dealing with a wide variety of health problems that our pets face. It is my opinion that these therapies 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 very successful approach.

However not every problem can be successfully resolved. Sometimes the disease is too advanced. It may take 3-6 months to see signs of improvement in chronically ill patients. Occasionally holistic methods fail in spite of my best efforts. I say this not to discourage you, but to honestly communicate my skills and limitations.

It is important as we work 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, I am going to use the above-mentioned methods. If it becomes your decision to have conventional drug therapy or surgery, I will try to accommodate you or refer you to another practitioner to provide this. If it is my opinion that for the well being of your pet you should receive care from another practitioner or by other methods, I will also refer you for this care.

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 the balance of your account for phone consults, shipping supplements and evaluation of laboratory and other data as necessary.

*A Deposit of \$65 is required when appointment is scheduled and will be applied to your first appointment. You are responsible for honoring your appointment time and payment for each session, unless the appointment is cancelled at least 72 hours in advance so that we may schedule another concerned client. Failure to cancel 72 hours in advance will result in a \$65 charge.

Declaration of Acceptance:

I have read the above explanation of the type of treatment offered by Pamela Fisher DVM, I agree that this is what I want for my pet. I further state that I am not expecting any other treatment than what is described here and Pamela Fisher DVM has my permission to use my credit card to charge my account.

Name (please print): _____

Signature: _____ **Date:** _____

Credit Card # _____ **Exp Date:** _____ **Code:** _____