



# Holistic Veterinary Center, PLLC

1404 Route 9

Clifton Park, NY 12065

Phone: (518) 383-5697 Fax: (518) 280-5111

Website: [www.holisticpetcaretoday.com](http://www.holisticpetcaretoday.com)

*(Please print)*

Owner Information				
Name:		I prefer to be addressed as:		
Address:	(Street)	(City)	(State)	(Zip)
Home Ph:	Work Ph:	Mobile Ph:		
Preferred Contact Number:				
E-mail:		Driver's License #:		
May we post your pet's picture and/or stories on social media? Y N				
Significant Other's Name:			Phone #:	
Pet Information				
Name:				
Species:	Canine	Feline	Equine	Other:
Male Neutered?	Yes	No	Age at time:	
Female Spayed?	Yes	No	Age at time:	
Breed:				
Color/Markings:				
Date of Birth:		Age:		
Microchip?	Yes	No	If not, are you interested in a microchip for your pet?	Yes No
Company & Registration #:				
Vaccine Information:				
Nutrition:		Favorite Food:		
Medical Conditions:				
Primary Care Veterinarian:				
Phone:		Fax:	E-mail:	
Reason for visit:				
How did you hear about us?				
Method of Payment:		Cash	Check	Credit Card





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### **Request for Veterinary Services Authorization for Examination and Medical Treatment (Traditional Chinese, Conventional, and Spinal Adjustments) and Financial Responsibility**

I am the owner or agent of: \_\_\_\_\_ and I have the authority to execute this consent:

I request that Dr. Pamela Scerba or her agents perform the services that are necessary for the examination and treatment of the animal listed above.

I understand that the HOLISTIC VETERINARY CENTER, PLLC is using methods of treatment including, but not limited to Acupuncture, Spinal Adjustments, Nutritional Supplements, Traditional Chinese Herbs, and Tui Na (Chinese Acupressure or Massage) some of which may not be recognized as standard method of treatment by the AVMA (American Veterinary Medical Association). The nature and purpose of the procedures and methods of treatment, the risk involved, and the 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, just as with conventional medical treatments.

I understand that the treatment of the patient will be conducted with professionalism and in accordance with prevailing standards of competency in Veterinary Acupuncture, Traditional Chinese Herbal Medicine, Tui Na, and Spinal Adjustments as recognized by the AAVA (American Academy of Veterinary Acupuncture) and the AVCA (American Veterinary Chiropractic Association).

I assume full financial responsibility for all charges incurred to the patient for services rendered and understand that payment is required at the time of service. I agree to pay all costs of litigation incurred in the collection of past due accounts. I understand that written estimates of charges are available upon request. This agreement shall remain in effect until such time as a different agreement is executed.

**PRINTED NAME OF OWNER OR AGENT:** \_\_\_\_\_

**SIGNATURE OF OWNER OR AGENT:** \_\_\_\_\_

**DATE:**



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Payment is due at the time of appointment.

We accept CASH, CHECK, CREDIT CARD & CARE CREDIT

There is a 3% fee for the usage of credit cards to cover the cost of acceptance. There is no fee for cash, debit, and checks.

Please note, due to changes in regulations, we must have your date of birth on file if paying by any method other than cash.

**There will be a \$30 fee for all returned checks. Please note, accounts with balances older than 30 days will accumulate interest at the rate of 12% per year.**

**In addition, balances older than 90 days will be sent to collections, where reasonable collection fees will be applied.**

Since we have reserved time for your appointment, we need at least 24 hours' notice of cancellation so that another patient in need can be seen.

Failure to provide adequate notice of cancellation may result in a charge for the missed appointment(s).

Every effort will be made to fill the appointment; if we are able to fill it no fee will be charged.

**.Late Cancellation / No Call-No Show Fee: \$75.00**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB \_\_\_\_\_



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## Immunization Information and Consent Form

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

Pet Name: \_\_\_\_\_

Immunizing your pet is an important procedure that in most cases will provide protection against an illness that may be life threatening. In past years, veterinarians have followed the vaccine manufacturer's guidelines and recommended annual revaccination for diseases that were felt to be a threat to our patients. Recent studies have shown that annual revaccination may not be necessary for some diseases because many pets are protected for three years or longer when vaccinated. Although most pets do not react adversely to a vaccination, some have had allergic or other systemic reactions after receiving a vaccine. Occasionally, the allergic reaction can be so profound that it may be life threatening. Certain immune mediated diseases such as hemolytic anemia (anemia caused by red blood cell destruction), thrombocytopenia (low blood platelet numbers), and polyarthritis (joint inflammation and pain) in dogs may be triggered by the body's immune response to a vaccine. In cats, a serious additional concern has been a "lump" forming at the site of the vaccination caused by a substance in the vaccine called an adjuvant. In some cats, if these lumps persist, a tumor called a fibrosarcoma may form, which may have grave consequences if ignored. If your cat develops a lump under the skin following a vaccination that persists for longer than four weeks, you should have it examined as soon as possible.

Your decision to vaccinate your pet should not be taken lightly. A decision should only come after you and your veterinarian consider your pet's age and the risk of exposure to disease. Vaccinations given at the appropriate age and at the appropriate intervals will greatly benefit your pet and protect it against some life threatening diseases.

The following vaccines listed are considered "core" and "non-core" by the AVMA, TVMA, AAHA and Texas A&M College of Veterinary Medicine. The University of California at Davis and North Carolina State University Colleges of Veterinary Medicine also recommend vaccine protocols that consider core and non-core vaccinations. All pets should receive core vaccinations with boosters at appropriate intervals to be determined by exposure risk related to your pet's life style. Non-core vaccinations should not be used routinely and are only administered if your pet's exposure risk warrants it.

For additional information regarding vaccinations and your pet, visit the website, [www.dvmvac.com](http://www.dvmvac.com)

(x)	Core Vaccines for Dogs:	(x)	Core Vaccines for Cats:
	Distemper		Rhinotracheitis (Feline Herpes)
	Hepatitis (Adenovirus-2)		Panleukopenia (Feline Parvovirus)
	Parvovirus enteritis		Rabies
	Rabies		

(x)	Non-core Vaccinations for Dogs:	(x)	Non-core Vaccinations for Cats:
	Bordetella (Kennel Cough)		FeLV - Feline Leukemia Virus
	Leptospirosis		FIV - Feline Immunodeficiency Virus (not recommended)
	Lyme Disease		FIP - Feline Infectious Peritonitis (not recommended)
	Corona Virus (not recommended)		Bordetella - Kennel Cough (not recommended)

### Please check all of the statements that apply to your pet:

- Primarily indoors  
 Indoors-outdoors  
 Always outdoors  
 Visits a boarding kennel frequently  
 Is groomed frequently  
 (Has)  
 (Has not) had a reaction to previous vaccinations  
 Has exposure to wildlife (raccoons, opossums, skunks, snakes, etc.)

I certify that I have read the above information and I am now aware of the risks associated with failure to vaccinate my pet as well as the potential side effects associated with receiving the vaccination. By signing this consent form, I authorize the administration of the vaccinations checked on the form above to my pet. Because vaccination reactions are not predictable, I agree that the veterinarians at the Holistic Veterinary Center, PLLC shall not be held liable for any reactions related to the administration of vaccinations administered to my pet. I further agree to hold my veterinarian harmless when in the event the effort to reduce the frequency and minimize known complications of vaccination inadvertently increase my pet's risk when exposed to a disease and I shall be responsible for fees related to treating any of the diseases for which a vaccine was not administered.

Client/Owner/Agent (signature): \_\_\_\_\_



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*Dear Client,*

*As you may know, the majority of treatments performed at the Holistic Veterinary Center, PLLC are based on the principles of Traditional Chinese Veterinary Medicine that emphasizes the necessity of keeping the animal's body in balance and free flow of energy.*

*The majority of animals treated at our hospital can be qualified as seniors, and most of them have mobility issues. We strive to provide as comfortable and supportive environment for them and their owners as possible. For this purpose, we have carpets on the floors in the reception area and the hallways, and use smaller rugs in exam rooms.*

*Treatments performed by the doctors in our practice usually make blood and energy in the animal's body start moving. This stimulates the exchange processes and rapidly increases the need of elimination – even the best-behaved dogs may have accidents immediately following a treatment or soon after it.*

*The staff of our hospital will deeply appreciate your taking your dog outside for a potty break right after the end of your appointment to avoid any accidents, as will the next dog and its owner. If your animal does have an accident, please bring it to our attention immediately so we can clean it up—we have a protocol we like to follow.*

*While outside, please take your dog to the grassy/stony area in front of the hospital and away from the entryway and walls for elimination. We understand that accidents do happen and we would appreciate your help as we strive to keep our hospital and the area in front of it clean and patient-friendly. For your convenience, a waste station is located on the fence opposite our entrance.*

*Sincerely,*

*The doctors and staff of Holistic Veterinary Center, PLLC*

*Client Signature* \_\_\_\_\_ *Date* \_\_\_\_\_