

Filling out a PDF Form:

Print a blank form out and complete it by hand.
Or, use Adobe Reader's form features.

To use Adobe Reader's form features:

1. In the upper right hand corner of Adobe Reader, there is a button labeled "Highlight Fields". To see a highlighted view of where the fields are in your form, click this button.
2. Click your mouse pointer in the first box.
3. Type your information
4. Use the "Tab" key on your keyboard to move from box to box.
5. Using the "Enter" key on your keyboard within a field so that you can enter information on multiple lines.
6. When the form is complete print it by clicking the Print button on your menu bar.

(alternative or conventional)

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 Veterinary Holistic Care Inc. perform the services which are necessary to the examination and medical treatment of the animals presented to me. I understand that Veterinary Holistic Care Inc. 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 Veterinary Holistic Care Inc. 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