

Holistic Veterinary Care & Acupuncture Center
Caroline O'Sullivan, D.V.M., M.S.
928-925-4130
www.holisiticvetservices.com

OWNER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PATIENT'S NAME: _____ SEX: _____

SPAY/NEUTERED? _____ BREED: _____ COLOR: _____

PATIENT AGE: _____ DATE OF BIRTH: _____

OTHER VETERINARY CLINIC: _____ PHONE: _____
(email records to BigDogDVM@hotmail.com)

OWNERS PRIMARY CONCERN: _____

CURRENT DIET & MEDICATIONS: _____

MAJOR ACCIDENTS OR ILLNESSES: _____

HOW DID YOU HEAR ABOUT US? _____

I, _____, THE UNDERSIGNED, DO HEREBY STATE THAT I AM THE DULY AUTHORIZED AGENT OF THIS ANIMAL. I FURTHER UNDERSTAND THAT ANY DIAGNOSIS, RECOMMENDATIONS, OR TREATMENTS DO NOT CONSTITUTE A PROMISE OF RESOLUTION OR CURE OF ANY CONDITION OR ILLNESS. I UNDERSTAND THAT, AS WITH ANY TREATMENT FORM, TRADITIONAL CHINESE MEDICINE, LASER THERAPY, AND THE HOLISTIC APPROACH TO MEDICINE MAY HAVE SOME UNFORESEEN SIDE EFFECTS AND I DO HEREBY RELEASE THE DOCTOR(S) OF HOLISTIC VETERINARY SERVICES, THEIR STAFF, AND REPRESENTATIVES FROM ANY AND ALL LIABILITY.

SIGNATURE: _____ DATE: _____