Ancient Arts Holistic Veterinary Services, PLLC

PLEASE PRINT LEGIBLY

Return completed form to clinic one week prior to appt. via fax 206-547-1325 or email AncientArtsVet@gmail.com
If you arrive without completed paperwork, the time taken to fill out the forms will take away from doctor time.

Name of Human Guardian, Partner/Co-owner (if applicable) & Preferred Pronouns:

_____

Home or Mailing Address:_____
City/State/Zip: _____
Main Phone Number: _____ **Secondary Number:** _____
By providing your phone number you agree to receive automated marketing SMS/Text messages from AAHV and understand data rates may apply. Reply STOP to opt out, HELP for help.
Email Address: _____
Emergency Contact: Name & Preferred Pronouns, Relationship to owner, and Number:

_____

How did you learn about Ancient Arts? _____

Pet's Name: _____ **Breed:**_____
Age/ Date of Birth: _____ **Sex:** _____ **Spayed/Neutered?:** _____
Color/Markings: _____ **Approximate Weight:** _____
When & where did you get your pet?_____

Have there been any recent changes in: (circle all true)
Weight: Increased/Decreased *Mood*: Increased/Decreased *Thirst*: Increased/Decreased
Appetite: Increased/Decreased *Urination:* Increased/Decreased *Defecation:* Increased/Decreased

Have there been any signs of: (circle all true)
Vomiting| Regurgitation | Diarrhea | Constipation | Incontinence | Coughing | Sneezing

Specify your goals for today's visit and subsequent treatment:

_____
_____
_____

Prioritize, from most to least important, the issues that you would like addressed

_____
_____
_____

What diagnostics have you pursued and where were they done? *If you didn't inform us of these on your intake call, please have them sent our way ASAP!!! If it has been too long, we may need to repeat diagnostics.*

_____
_____
_____

Is your pet aggressive toward: (circle all true)
Dogs | Cats | Animals | Men | Women | Kids

Has your pet ever bitten or scratched anyone
Yes | No

Has your pet ever required sedation for any routine procedure? (i.e. dental cleaning, toenail trim, etc.)

_____

Have there been any significant medical issues in the past? (i.e. surgeries, accidents, vaccine reactions, noise phobias (e.g. vacuum), separation anxiety, etc.) _____

_____

_____

Last vaccines given:_____

Frequency and types of vaccines and deworming/fecal given to pet throughout lifetime:

_____

Flea control, type & frequency: _____

What kind of food does your pet eat? _____

Supplements? _____

Treats? _____

List all medications and dosages: _____

_____

_____

Are you capable of giving medication to your pet in the form of: (circle all true)

Pills | Liquids | Powders in Food

Exercise type & frequency:_____

Playtime type & frequency: _____

Has your pet traveled/lived outside of this area? (List where, when, & for how long)

_____

Are there other pets in the house, Name and describe their relationship to housemates:

_____

_____

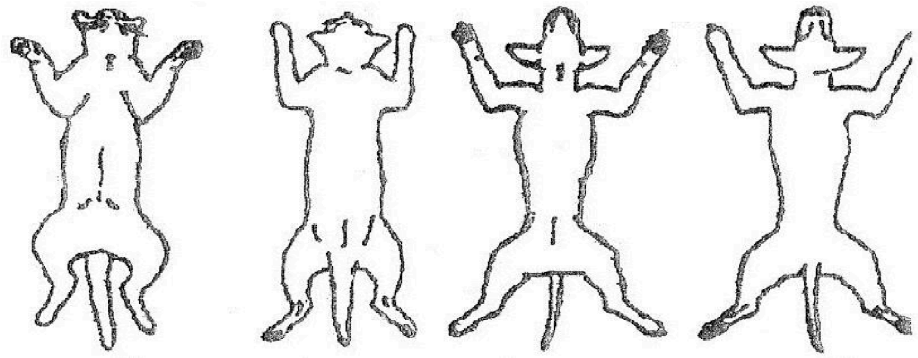
Is anyone in the house having similar symptoms or significant illness? _____

_____

Have there been any changes in the household recently?_____

_____

Please shade in the areas on the chart where you are noticing lameness or soreness. Please place circles/dots where there are lumps/masses.



Please initial each paragraph once you have READ, UNDERSTOOD, AND AGREED to the terms:

_____**(Initial)** I understand that Ancient Arts veterinarians are licensed veterinarians who focus their practice on alternative and holistic therapies including but not limited to: acupuncture, aquapuncture, herbs, flower essences, nutrition/food therapy, routine lab work, homeopathy/homotoxicology, detoxification, ozone therapy, prolozone, aromatherapy, reiki, tui na massage, qi gong meditation, energy work, and the understanding of the human-animal bond.

_____**(Initial)** I understand that Ancient Arts doctors always maintain their Hippocratic Oath to "above all else, do no harm" and work with the animals, not against them. This may mean that for some sensitive animals, subtle energetic techniques may be more appropriate than the use of acupuncture needles. **Remember: each session is individual and may involve fewer or more needles or different treatment options than other sessions.**

_____**(Initial) I understand that my own participation is essential in helping my pet.** This includes but is not limited to providing appropriate social, psychological, hygienic, physical, emotional, spiritual, mental, and routine medical care for my pet, as well as myself. I understand and am open to learning more about how my own energy affects that of my pet and agree to conduct myself in such a way as to not disrupt the healing of my pet, or any other patients in the clinic (soft voices, no excessive/loud use of phone).

_____**(Initial)** I understand that I am responsible for restraining my pet during acupuncture so that the needles are not pulled or shaken out. **Please keep a harness or collar on your pet and keep them from hiding under or behind chairs!!!**

_____**(Initial)** I understand that Ancient Arts is not an emergency clinic, nor should it be a substitute for urgent needs, and **I agree to the email and phone policy to await up to 48 hrs for replies from staff and to only call OR email once for the same request within that time frame**. I understand that questions not pertaining to the most recent/initial visit will warrant a new exam.

_____**(Initial)** I understand that Ancient Arts veterinarians always do their utmost best to heal patients and there is never a guarantee as to the outcome, as is true with all medicine and all aspects of life. I understand that if my pet is to receive long term herbs and/or supplements, **a current doctor/patient relationship must be maintained by scheduling a Holistic exam at least once a year**.

_____**(Initial) I understand that a current Rabies vaccination is required by Washington State Law (WAC 246-100-197) and agree to follow this law unless my pet has been declared exempt by a qualified veterinarian for medical purposes. I understand that a lack of vaccination or refusal to vaccinate will result in termination of the working relationship for the safety of all involved.**

_____**(Initial)** I agree to give 24-48 hrs' notice for refills if I am not ordering them at a scheduled appointment and I understand that all supplements, herbs, and medications cannot be refunded.

_____**(Initial)** I understand that if my pet has incontinence or is a marker, he/she will need to wear a diaper or Belly Band to their visit to maintain hygiene and comfort for all patients, clients, and staff. I understand that if my pet shows signs of aggression, is difficult to handle, or displays excessive barking, the staff may request a muzzle, gentle leader, or additional tools to keep everyone safe and give my pet the best evaluation and care.

_____**(Initial)** I agree to treat Ancient Arts staff with respect, act with decorum and understand that, if at any point any of our staff members deems your behavior rude, abusive, or pushy we may ask you to sign our non-abuse policy and/or find services elsewhere.

_____**(Initial) I understand that payment is due at the time of services rendered and that there is a $30 fee for any returned checks.**

_____**(Initial) I UNDERSTAND AND AGREE TO THE 48-HOUR CANCELLATION POLICY AND THAT IF I ARRIVE MORE THAN 10 MINUTES LATE OR IF I DO NOT SHOW UP TO MY SCHEDULED APPOINTMENT, I WILL BE CHARGED A $80 FEE FOR DISREGARDING THE DOCTOR'S TIME AND THAT OF FELLOW CLIENTS WHO WOULD HAVE HONORED THAT APPOINTMENT TIME SLOT.**

_____**(Initial) I UNDERSTAND THAT A DEPOSIT MAY BE REQUIRED TO BOOK SOME APPOINTMENTS AND NOT SHOWING FOR A SAID APPOINTMENT WILL RESULT IN FORFEITURE OF THE PREPAID AMOUNT.**

_____**(Initial) I ATTEST THAT I AM THE LEGAL OWNER OF ALL ANIMALS LISTED IN MY ACCOUNT AND AM CAPABLE OF MAKING MEDICAL DECISIONS REGARDING THE CARE AND WELL-BEING OF THOSE PETS.**

Signature: _____ Date: _____

Print Name: _____