

New Client/Patient Information and Release Form

Owner/Gaurdian's name _____

Mailing Address _____

Primary phone number _____ Secondary _____

Email _____

Pet/Patients name _____

Species/Sex: (Circle one) Dog/Cat- Male/Female- Spayed/Neutered

Color/Description/Markings _____

Date of Birth/Age: _____

Allergies or Special Conditions _____

By signing below, you are authorizing the veterinarians and staff to treat your pet named above with conventional and/or integrative therapies, such as acupuncture, lasel, spinal manipulation, herb, nutrition and/or ozone.

You acknowledge reading the following TIVC policies and agree to keep a relationship with a full service veterinarian. ____

You agree to pay all fees for services rendered at the time your pet is treated. ____

Client Signature _____ Date _____

**Please note: We reserve the right to apply a missed appointment fee for failure to cancel an appointment less than 24 hours prior to your appointment.*