



## **INTAKE FORM**

Owner Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **PET INFORMATION**

Name: \_\_\_\_\_ Birth Date (mo/yr): \_\_\_\_\_ Sex(M/F): \_\_\_\_\_

Spayed/Neutered: Yes or No Species (cat/dog/other): \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

How did you hear about us: Website \_\_\_ Radio \_\_\_ Facebook \_\_\_ Google \_\_\_ Referral \_\_\_

Tell us who we can thank for referring you: \_\_\_\_\_

**Payment is due at the time of service.** We accept Visa, Discover, MasterCard, American Express, Checks, Cash or Care Credit. Thank you.

### **NEW PATIENTS**

**Please bring any pertinent medical records (lab reports, x-rays, specialist reports), list of medications, etc. for the first appointment for the Doctor to review with you or fax ahead to 928-441-1554. Our address is - 826 Sunset Ave, Prescott AZ 86305. Our phone number is - 928-445-7499.**

### **AFTER HOURS AND EMERGENCY CARE**

**THERE ARE NO VETERINARIANS OR STAFF ON THE PREMISES AFTER HOURS.**

**If you are experiencing an emergency after hours please contact Yavapai Emergency Animal Hospital - 7876 E Florentine Rd, Prescott Valley AZ 86314 Phone: 928-460-7282**



To better serve you, and to prepare for your appointment with us, please fill out the questionnaire below to the best of your ability.

1. What brings you to Harmony? What are your CURRENT concerns?

2. Does your pet have a history of any illness/disease?

3. What are your pets' stools and urinary habits? Please comment on stool consistency, history of loose stools/constipation etc.

4. What diet are you currently feeding, how much per day, and how long has your pet been on this diet? What are the primary meats that are being fed? How much per day? How long has your pet been on this diet?

Dry Kibble \_\_\_\_\_

Canned \_\_\_\_\_

Raw \_\_\_\_\_

Home Cooked \_\_\_\_\_

Other \_\_\_\_\_

5. Has your pet been on any other foods in the past? What were the meats?



6. What medications/supplements/nutraceuticals are you giving to your pet? How frequently, and what dosage or concentration?

7. Is your pet timid? Fearful? Aggressive with other animals or people? If so, what triggers this behavior?

8. Does your pet sleep through the night? Do you see evidence of dreaming, twitching or snoring?

9. Please summarize anything else you think is important to know about your pet-friend:

Thank you for providing this information. It will enable Harmony and our Veterinarians to provide targeted comprehensive care to you and your loved ones!



## **HOSPITAL POLICY FORM**

Owner Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please initial next to each paragraph and sign at the bottom of the page with the understanding that you acknowledge the following information.**

### **CANCELLATION POLICY**

\_\_\_ To maintain the integrity of our practice, we request a phone call at least 24 hours prior to your scheduled appointment for cancellations. **There is a full exam fee for cancellations with less than 24-hour notice.** Personal emergencies are, of course, exceptions.

### **LATE POLICY**

\_\_\_ To maintain the schedule of our practice, if you are late to your appointment by 10 or more minutes, it will be at the doctor's discretion whether we would need to reschedule your appointment to a later date or if we would still be able to accommodate your appointment at that time.

### **PRESCRIPTIONS**

\_\_\_ We request up to 48 hours ( up to 2 business days) to fill prescription requests. Some herbal medications will be on a special order basis and may take up to 7 days to have ready.

\_\_\_ If you choose to use an online pharmacy, we may authorize your request but cannot guarantee the quality or efficacy of the drug. We request up to 48 hours (up to 2 business days) to get the medication request approved and sent out to the online/local pharmacy. We do not have control over the turnaround time for outside pharmacies.

\_\_\_ If a prescription refill is needed within 24 hours, there will be an expedited filling fee of \$15 applied to your invoice.

### **COMMUNICATIONS WITH DOCTORS**

\_\_\_ We request up to 48 hours (up to 2 business days) for communications with doctors. We understand there may be urgent matters that need to be attended to quickly and we will handle those situations as such, but for general communications, the above timeframe applies.

\_\_\_ If a veterinary technician is able to answer your questions or concerns, they will be the first line of communication prior to a doctor.



**PAYMENT**

**Full payment is due at the time of service.** We accept Visa, Discover, MasterCard, American Express, Checks, Cash or Care Credit.

**SOCIAL MEDIA**

The doctors and staff at Harmony Veterinary Care love to share on Social Media sites!

I **do** give permission to allow Harmony Holistic Veterinary Care to add pictures of myself and/or my animal(s) to Social Media sites.

I **do not** give permission to allow Harmony Holistic Veterinary Care to add pictures of myself and/or my animal(s) to Social Media sites.

**AUTHORIZATION FOR HOLISTIC CARE (mark if applicable)**

I authorize the doctors at Harmony Veterinary Care to prescribe natural products (herbs and supplements) for my animal.

I realize that:

- As with all medical treatments there is no guarantee of cure.
- While there is mounting scientific evidence as to the effectiveness of the above treatments, much of the evidence is anecdotal (based on case-by-case reports). Some of the treatments have been used for centuries (even thousands of years) in China, while other treatments have been developed recently, and shared amongst highly reputable and degreed practitioners in the fields of veterinary medicine, botanical medicine (herbs), naturopathic medicine, Chinese herbs, and natural supplements. While the treatments are to the best of our knowledge safe and frequently effective, many do not have scientific studies done regarding their efficacy or long-term safety.

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_