



Dr Sandra Truli Springer
 VMD, MS-TCVM, CVA, CVFT, CVTP,
 CVCH, CTCVMP, CTPEP, CVMMP
 Boston Brain Bank, LLC
 phone/fax (877) 378-7854
 text (813) 714-7863

CONSENT FORM

CLIENT INFORMATION			
Client:	New,		
Address:			
ANIMAL INFORMATION			
Name:	New	Sex:	
Species:	Canine	Breed:	
Age:		Color:	

PLEASE INITIAL EACH SECTION:

____ AUTHORIZE TREATMENT

I hereby authorize Dr. Sandra Truli Springer to examine my pet(s) & evaluate their condition. I also authorize release of medical records to third party veterinarians & pharmacies as needed, to benefit my pet's health. Medical records include visit reports, laboratory reports, prescriptions, pictures, video, audio, communication notes, emails & texts.

____ PRACTICE OF MEDICINE

I am aware that the practice of veterinary medicine is not an exact science and thus, no guarantee for successful treatment has been made. I have been encouraged to discuss any questions I may have & have my questions answered to my satisfaction. In the absence of negligence, I agree to hold the doctor & employees of this veterinary practice harmless for the lack of response to treatment or any ill effects experienced by my animal(s). I hereby consent to the restraint, examination & treatment of my animal(s).

____ CHOICE

I understand I may be offered Integrative Medicine diagnostics and treatment methods including, but not limited to: acupuncture, osteopathy, classical homeopathy, veterinary medical manipulation, herbal medicines & food therapy. I understand I may request allopathic biomedical diagnostics, treatment & referrals to Specialists.

____ TELEMEDICINE

I understand telemedicine is an emerging service & its diagnostic limitations are unknown. I understand I may ask for referrals or alternate in-person options instead of telemedicine. If I am disconnected or technology fails during telemedicine services, I agree to immediately seek services at a nearby animal hospital or clinic. Per Florida law, veterinary telemed providers are required to provide a nearby physical hospital address in writing before engaging in telemedicine. (This is not an endorsement of these hospitals.)

Addresses for 24/7 service are: Blue Pearl Tampa - 3000 Busch Lake Blvd, Tampa FL 33614, Blue Pearl Clearwater - 4525 Ulmerton Rd, Clearwater FL 33762, Blue Pearl Brandon - 607 Lumsden Professional Court, Brandon, FL 33511, Blue Pearl Sarasota - 7414 S Tamiami Trail, Sarasota, FL 34231.

____ I understand telemedicine in Florida is available after an initial in person visit to establish the Patient-Client-Veterinary relationship, with yearly in-person physical examination to continue the validity of the relationship, and for conditions and situations in which the veterinarian feels telemedicine is appropriate. The veterinarian may at any time advise me that in-person care is recommended and discontinue the case management via telemedicine.

____ PAYMENT

The Chronic Disease Initial Consultation is US \$379. The Preventative Wellness Initial Consultation is US \$220. Homeopathy Intakes are 2 hrs & cost \$750. There is an additional travel fee depending on my location. Travel fees are generally US \$38 to US \$148. I understand I may inquire about my particular travel fee before signing this contract. Tests, treatment services & products as approved by me are additional. Ongoing medical care/telemed/research/texting/emails rate is \$37.50 minimum \$375/hr billed in 6 min increments.) There is no additional charge for business inquiries like scheduling, ordering, etc. Rates

are subject to change. Forms of payment are cash, personal check, MC, Visa, Disc, Amex, Applepay, Tap to Pay, all with card holder and card present.

 CANCELLATION POLICY

If I must reschedule, I will notify Dr Sandra Truli Springer in writing to DrTruli@VetVMD.com at least 24 hours before my scheduled appointment, or I may be charged a \$190 missed appointment fee and travel fee if incurred.

 EXAM/CONSULT ENVIRONMENT

I understand we need a quiet, well-lit, temperature controlled, clean indoor area in which to work with no workmen, construction, maid services, lawn work, or other potentially disruptive, noisy or startling activities. I will not smoke, burn candles, wear perfume, spray insecticide, deodorizers, sanitizers, etc or have mold, flooding or safety/health hazards in the environs where the pet is examined. I understand I am welcome to contact the practice and inquire if I am in doubt about the environment needs for the consult. If the doctor must leave due to any of these factors, I may be charged a \$190 missed appointment fee and travel incurred.

 SAFETY

I accept risks & responsibilities of mishaps. I have been informed or am aware that while other veterinary practices may provide support staff to restrain or assist with the restraint of animals, I was offered such assistance & declined to partake of the services of a veterinary technician. Such assistance generally is not available with the veterinary care provided by this doctor &/or ambulatory practices of this nature. Nonetheless, I request that Dr. Sandra Truli Springer proceed with examinations & appropriate treatments. I am aware that, in some cases, my animal may need to be referred for sedation or anesthesia to provide a safer environment for a complete examination. I agree to assume the risks & responsibilities for the occurrence of any injury or mishap caused by the animal to themselves, the veterinarian, my agents, bystanders &/or myself.

 PET RESTRAINT

I accept responsibility for pet restraint. I understand that the restraint of my animal during examination & basic treatments offered by this ambulatory veterinary practice involves some risk of injury to myself, my animal, agents of mine, bystanders, and/or the veterinarian/staff. These injuries can be caused by various actions including, but not limited to bites, kicks, scratches, attacks, and/or sudden movements. As the animal's owner, I am fully aware of the risks and understand because of the nature of the attending veterinarian's solo or ambulatory style of veterinary practice, I may be or will be required to assist with the restraint of my animal(s).

 PET AGGRESSION

I must inform the vet of pet aggression. In the event my animal has shown aggressive behavior toward people or other animals, I agree to inform & advise the attending veterinarian of such tendencies before restraint &/or medical care is initiated. I understand this consent form applies to all animals that are owned by me or are in my custody & is not limited to the one or more animals being examined at this time.

 SEVERABILITY CLAUSE

Any part, provision, representation or warranty of this Agreement which is prohibited or which is held to be void or unenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions herein.

 PUBLICATION

I agree to allow Boston Brain Bank LLC and/or Dr Sandra Truli Springer to use my pet's image, voice and/or video in all publications with no remuneration to myself or my agents.

 AUDIO RECORDING

I agree to audio recording for purposes of medical documentation. I can withdraw audio recording consent at any time by telling Dr Truli or any staff member of the practice.

 PERMISSION TO CHARGE FOR SERVICES

By signing below you (as our client) understand, accept, and give Boston Brain Bank, LLC dba Merlinesque and/or Dr. Sandra Truli Springer, permission to charge any herbals, supplies, medication, telephone calls, appointments, missed appointments, and any other service rendered by us to your credit card unless alternate arrangements have been approved by Dr. Sandra Truli Springer. You understand all sales are final and there are no returns. You accept responsibility for the fees that will be explained & assessed, including paying any bounced check fees & interest not to exceed 1.25% per month on unpaid balances.
(V. 2026 March 13)

Signature: _____
New,

Date:

Please return completed form(s) to DrTruli@VetVMD.com or fax (877) 378-7854.