



Dr. Sandra Truli Springer VMD, MS-TCVM CVA, CVFT, CVTP, CVCH, CTCVMP, CTPEP

House Call Ivy-League & Traditional Chinese Veterinary Medicine & Acupuncture
Boston Brain Bank, LLC, 334 East Lake Rd. #194, Palm Harbor, FL 34685
Call/Fax 877 DR TRULI (378 7854) DrTruli@VetVMD.com

Client - Veterinarian Agreement

Introduce Your Human Family	About Your Pet(s)
Name(s)	Name
Street	Species Cat Dog
City	Breed
State, Zip	Gender Male Female "Fixed"
Phone(s) Text? Yes <input type="checkbox"/> No <input type="checkbox"/>	Birthday
Email(s)	Usual Weight
Referred by	

<u>Canis familiaris</u>	Introducing the Rest of the Family	<u>Felis domesticus</u>
Name		Name
Species: Cat Dog		Species: Cat Dog
Breed		Breed
Gender Male Female "Fixed"		Gender Male Female "Fixed"
Birthday		Birthday
Usual Weight		Usual Weight

Credit Card Authorization & Payment Terms

By signing below you (as our client) understand, accept, and give Boston Brain Bank, LLC 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. Springer. You understand all sales are final and there are no returns.

Credit Card#	Expiration Date
CSC#	Billing Zip
Name on card	Signature
Photo Identification on file:	

AUTHORIZE TREATMENT & PAYMENT I hereby authorize Dr. Sandra Truli Springer to examine my pet & evaluate their condition. I also authorize release of medical records to third party veterinarians & pharmacies as needed, to benefit my pet's health. 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 them answered to my satisfaction. I understand I may be offered **Integrative Medicine** diagnostics and treatment methods including, but not limited to: acupuncture, osteopathy, herbal medicines & food therapy. I understand I may request Western biomedical diagnostics, treatment & referrals to Specialists. 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). By signing below you (as our client) understand, accept, and give Boston Brain Bank, LLC 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. 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 and you understand all sales are final and there are no returns.

The **base rate** for consultations is \$240/hour billed in 5 minute increments, unless Dr Springer has approved a different rate. If you must reschedule, please notify us at least 24 hours before your scheduled appointment, or we may charge an \$125 missed appointment fee + travel. **Do not smoke, burn candles, wear perfume, spray insecticide, deodorizers, sanitizers, etc** or have mold or safety/health hazards in the environs where the pet is examined. If the doctor must leave due to any of these factors, we may charge \$125 missed appointment fee +travel.

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.

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).

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.

Also, by signing below, you agree to allow Boston Brain Bank, LLC and/or Dr Sandra Truli Springer to use your pet's image, voice and/or video in all publications.

► Signature: _____ ► Date: _____

► Print name: _____