

Dr. Sandra Truli Springer

VMD, MS-TCVM, CVA, CVFT, CVTP, CVCH, CTCVMP, CTPEP, CVMMP

House Call Ivy-League Western Medicine, Traditional Chinese Veterinary Medicine & Acupuncture

Boston Brain Bank, LLC, dba Merlinesque 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:

You	
Co-owner	
Children & Ages living with the pet(s)	
Other people in your home	
Occupation(s)	
Street/Unit	
City, State, Zip	
Phone/Text	
Alt Phone/Text	
Contact Email	
Add'l owner email	
Referred by	

Introduce Your Fur/Feather/Scale/Armor Family:

Name				
Species	Cat Dog	Cat Dog	Cat Dog	Cat Dog
Breed				
Gender	Male	Male Female	Male Female	Male Female
Fixed	Yes No	Yes No	Yes No	Yes No
Color				
Birthday				
Weight				
Insurance	Yes No	Yes No	Yes No	Yes No

Client - Veterinarian Agreement (3 pages total)

PLEASE **INITIAL** EACH SECTION ON THE LINE AND SIGN ON PAGE 3 of 3.

 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. Medical records may include visit reports, laboratory reports, prescriptions, pictures, communication notes, emails and texts.

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.

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

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).

The initial consultation rate is \$495 plus travel. Ongoing care /telemed/research/consulting rate is \$272/hr. Rates are subject to change.

If you must reschedule, please notify us in writing to DrTruli@VetVMD.com at least 24 hours before your scheduled appointment, or we may charge \$140 missed appointment fee + travel if incurred. 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 \$140 missed appointment fee + travel incurred.

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, texts, emails, 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.

Credit Card#	Expiration Date
CSC#	Billing Address (if different from above)
Name as it appears on the card	Signature of cardholder
Photo Identification on file:	Card physically verified

Client - Veterinarian Agreement (3 pages total)

____ **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.

____ **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 hereof.

____ **Publishing.** 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.

➤ Signature: _____ ➤ Date: _____

➤ Print name: _____
