



Dr. Sandra Truli Springer, VMD, CVA, CVFT

Truli Holistic Veterinary Services

House Call Ivy-League Medicine & Traditional Chinese Veterinary Medicine including Acupuncture
 Boston Brain Bank, LLC | 3983 Orchard Hill Circle, Palm Harbor, FL 34684
 Call 877 378 7854 Fax 877 378 7854 DrTruli@VetVMD.com

Client - Veterinarian Agreement

➤ Date	
About You	About Your Pet(s)
Your Name	1 Pet's Name
Add'l Owner	<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other
Street	Breed
City	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> "fixed" <input type="checkbox"/> intact
State, Zip	Birthday/Age Usual Weight
Main Phone # Text? yes <input type="checkbox"/> no <input type="checkbox"/>	2 Pet's Name
Back-Up Phone # Text? yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other
Email	Breed
How did you hear about Dr Truli? <i>Internet Search Words</i>	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> "fixed" <input type="checkbox"/> intact
Veterinarian(s) for Records (<i>w/phone #</i>)	Birthday/Age Usual Weight

➤ May photos and videos of your pet be used in printed media and posted on social media? yes no

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, VMD, CVA, CVFT 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 arranged have been approved by Dr. Sandra Truli Springer, VMD, CVA, CVFT. You understand all sales are final and there are no returns. You agree to notify Dr Sandra Truli Springer at (877) 378-7854 if your credit card information changes.

➤ Credit Card#	➤ Expiration Date
➤ CSC#	➤ Billing Zip
➤ Name on Card	➤ Signature

Authorization for Examination and Evaluation + Practice Policies + Assumption of Risk and Responsibility for Animal Restraint in an Ambulatory Setting

AUTHORIZE TREATMENT & PAYMENT

I hereby authorize Dr. Sandra Truli Springer, VMD, CVA, CVFT to examine my pet and evaluate their condition. I also authorize release of medical records to other third party veterinarians and 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 and have them answered to my satisfaction. In the absence of negligence, I agree to hold the doctor and 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, and treatment of my animal(s) and accept responsibility for the fees that will be explained and assessed, including paying any bounced check fees and interest not to exceed 1.25% per month on unpaid balances.

RESPONSIBILITY FOR PET RESTRAINT

I understand that the restraint of my animal during examination and basic treatments offered by this ambulatory veterinary practice involves some risk of injuries 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 that 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).

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 and declined to partake of the services of a veterinary technician. Such assistance generally is not available with the veterinary care provided by this doctor and /or the ambulatory practice of this nature. Nonetheless, I request that Dr. Sandra Truli Springer, VMD, CVA, CVFT proceed with examinations and 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 and responsibilities for the occurrence of any injury or mishap caused by the animal to themselves, the veterinarian, my agents, bystanders, and/or myself.

INFORM VET OF AGGRESSION

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

UNDERSTAND THE BASE RATE

Consults, letters & research are available at a rate of \$240/hour billed in five (5) minute increments. You will be emailed a detailed visit report included in your consult to use as proof of vaccines, titers, or other care.

UNDERSTAND ALL SALES ARE FINAL

I understand all sales are final. There are no returns for medications or herbal supplements. I understand pets may sometimes refuse to take the prescribed treatments. I agree to follow instructions and perform the home care to the best of my ability.

I MAY BE CHARGED FOR CANCELLATION

If you must reschedule, please notify us at 877-378-7854 at least 24 hours before your scheduled appointment, or we may charge an \$125 missed appointment fee + travel.

I MAY BE CHARGED IF DOCTOR MUST LEAVE DUE TO ODORS, SMOKE, MOLD, ETC

We ask that you not smoke, burn candles, wear perfume, spray insecticide, Febreze, Renuzit, Glade® etc, or have strong odors or mold in the room or home where the pet is examined. If the doctor must leave due to these factors, we may charge an \$125 missed appointment fee + travel to your home, hotel, or office.

➤ Signature: _____

➤ Date: _____