



# Dr. Sandra Truli Springer, VMD, CVA, CVFT, CVTP

## Truli Holistic Veterinary Services

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

### Client - Veterinarian Agreement

<u>Homo sapiens</u>	Introduce Your Human Family
Name(s)	
Street	
City	
State, Zip	
Main phone	Text? Yes <input type="checkbox"/> No <input type="checkbox"/>
Add'l Phone(s)	Text? Yes <input type="checkbox"/> No <input type="checkbox"/>
Email(s)	
Vet Phone #s	
Referred by?	

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

Name	Name
Species: Cat Dog	Species: Cat Dog
Breed	Breed
Gender Male Female "Fixed"	Gender Male Female "Fixed"
Birthday	Birthday
Usual Weight	Usual Weight

Please turn the page to read & sign Agreement

**AUTHORIZE TREATMENT & PAYMENT** I hereby authorize Dr. Sandra Truli Springer, VMD, CVA, CVFT, CVTP to examine my pet and 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. 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, 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. The base rate for consultations is \$240/hour billed in 5 minute increments. This rate is guaranteed for 90 days after the date of this agreement. Medications & products are non-returnable, non-refundable.. If you must reschedule, please notify us at least 72 hours before your scheduled appointment, or we may charge an \$125 missed appointment fee + travel. We ask that you not smoke, burn candles, wear perfume, spray insecticide, deodorizers, sanitizers etc, or have strong odors or mold in the environs where the pet is examined. If the doctor must leave due to these factors, we may charge an \$125 missed appointment fee + travel. By signing below, you agree to allow us to use your pet's image on all publications.

➤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 arranged 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:	

**I ACCEPT 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).

**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 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 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.

**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 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 & is not limited to the one or more animals being examined at this time.

➤ Signature: \_\_\_\_\_ ➤ Date: \_\_\_\_\_

➤ Print name: \_\_\_\_\_