



Dear Client-

Thank you for giving us the opportunity to provide integrative care for your animal(s).

At Litchfield Animal Wellness, our priorities are high quality integrative veterinary care and customer service. The enclosed **PAYMENT OPTIONS AUTHORIZATION FORM** was designed to inform our clients of all the payment options we offer. This information will help you determine which payment option best suits your needs. This process will allow us to be more efficient and at the same time give us the ability to continually invest in equipment, products and education to give you the excellent service you have come to know and expect.

Please take a few moments to complete the **FINANCIAL POLICY** and the **PAYMENT OPTIONS AUTHORIZATION FORM** and return them to us. They may be mailed, scanned & e-mailed to us or returned to us in person at time of service. Thank you in advance for your time and understanding. We appreciate your business and look forward to serving you in the future.

Your animal is our priority. We would also appreciate you taking the time to complete the **VETERINARY PATIENT INFORMATION FORM** and returning it to us so we have accurate information on file. We are here to care for your animal and assist you. If you have any questions, please do not hesitate to call us at 508-240-4676.

Sincerely,

Dr. Paula D. Monte DVM, CVA

Dr. Paula D. Monte DVM, CVA

FINANCIAL POLICY

Thank you for choosing Litchfield Animal Wellness.

Our Mission is to provide the very best healthcare and service to our patients and their owners. One way we accomplish this is to offer clients easy payment options.

Accepted Methods of Payment:

- ✓ Cash
 - ✓ Check (Copy of Driver's License required)
 - ✓ PayPal
 - ✓ Visa, MasterCard, American Express, Discover Card
- Credit Cards are processed securely via Square

Policy Information:

Payment is expected at time of service. We prefer to devote our time to caring for our patients, as opposed to managing accounts.

Credit Card information will be kept on file and will be charged if other payment arrangements were not discussed. Credit Card receipts can be emailed to the cardholder.

There will be a \$35.00 fee for all returned checks.

A farm/house call fee may be charged to any client that misses an appointment. A \$25.00 fee may be charged to any client that does not give at least 24 hours notice to cancel an appointment.

Agreement:

By signing below, you agree to the terms of payment.

Client/Owner Signature

Date

Client/Owner Name – Printed

PAYMENT OPTIONS AUTHORIZATION FORM

Payment is expected at the time services are rendered.

We accept Cash, Checks, Visa, MasterCard, American Express and Discover Card.
Credit Cards are processed securely via Square

Pre-Approved credit card payments - We will keep this credit card safely on file and charge it each time services are rendered, then can email the cardholder the receipt.

Please print legibly in blue or black ink only

_____ Visa MC AmEx Discover
Credit Card #

_____ Security Code
Expiration Date

_____ Name as it appears on card

_____ Billing Address City State Zip Code

_____ Phone Number (area code) xxx-xxxx Email address

_____ Signature – Approval for Litchfield Animal Wellness to process this credit card for payment of services rendered.

_____ Client/Owner Name – Printed Date

INTEGRATIVE VETERINARY PATIENT INFORMATION FORM

Thank you for choosing Litchfield Animal Wellness to treat your pet! Please take a few minutes to complete the following forms and email (drpaula@drpaulamontedvm.com) or fax (508-681-8999) them back at least 24 hours prior to your appointment. If you need to cancel or reschedule your appointment, please provide at least 24 hours notice to avoid a cancellation fee. We look forward to working with you soon!

OWNER INFORMATION:

Owner Name _____ Spouse/Partner/Other _____

Street Address _____ City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

Email _____

Primary Veterinarian _____ Name of Clinic _____ Phone _____

How Did You Hear About Us? _____

PET INFORMATION:

Pet's Name: _____ Breed: _____ Color: _____

Age or Date of Birth: _____ Sex: _____ Spayed or Neutered? _____

Pet's Origin (Breeder, rescue, stray, etc.): _____

Pet's Personality: _____

Date of Last Vaccines or Titters: _____

INTEGRATIVE VETERINARY PATIENT INFORMATION FORM (cont'd)

PET DIET INFORMATION – Please check one:

Dry: No Yes

Eats Free Choice: No Yes

Canned: No Yes

Set Meal Times: No Yes

Homemade: No Yes

Treats per day: _____

Raw: No Yes

Brand/Types of Treats: _____

If using dry kibble, canned or prepared diet please list the brand here: _____

CURRENT MEDICATIONS - (Including Heartworm and Flea/Tick Preventatives):

Name of Medication:

Dosage and Frequency Given:

Name of Medication:	Dosage and Frequency Given:

CURRENT SUPPLEMENTS/HERBAL FORMULAS:

Name of Supplement:

Dosage and Frequency Given:

Name of Supplement:	Dosage and Frequency Given:

INTEGRATIVE VETERINARY PATIENT INFORMATION FORM (cont'd)

PET PREFERENCES – Please check all that apply:

Warmth:		Moist/canned food:	
Cold:		Massage/petting/brushing:	
Hard Surfaces:		Limited touching:	
Soft/Padded Surfaces:		Company of People:	
Lounging		Company of Other Animals:	
Active Play:		Prefers Alone Time:	
Dry Food:		Enjoys Children:	

PHOBIAS – Please check all that apply:

Other Animals:	
Thunder :	
General Loud Noises:	
People:	
Certain Objects:	
Other:	

OTHER – Please check one:

Appetite: Increased Normal Decreased
Weight: Loss Gain Stable
Water consumption: Increased Normal Decreased
Bowel movements: Normal Constipated Diarrhea
Urination: Normal Increased Decreased
Seizures: No Yes

IMPORTANT MEDICAL HISTORY:

Date of Occurrence:	Description of Problem:

INTEGRATIVE VETERINARY PATIENT INFORMATION FORM (cont'd)

KNOWN ALLERGIES OR SENSITIVITIES:

Foods:	
Drugs:	
Environmental:	
Vaccines :	

MAJOR CONCERN/REASON FOR SEEKING INTEGRATIVE TREATMENT:

Issue/Complaint: _____

Beginning Date: _____

RESPONSE TO CURRENT TREATMENTS:

Adverse Effects:	
Partial Response:	
Successful:	
No change Noted :	
Explanation:	

ANY ADDITIONAL COMMENTS/INFORMATION:

SMALL ANIMAL ALTERNATIVE AND COMPLEMENTARY VETERINARY TREATMENT CONSENT FORM

Alternative and Complementary veterinary medicine is a comprehensive approach to health care employing alternative and conventional diagnostic and therapeutic modalities. In practice, holistic or alternative veterinary medicine incorporates, but is not limited to, the principles of acupuncture, chiropractic, and Chinese herbal medicine. It can be used in conjunction with conventional medicine or stand on its own. It is the AVMA's (American Veterinary Medical Association) regulation that acupuncture and homeopathy be practiced only by licensed veterinarians.

I acknowledge that I am requesting Alternative and Complementary treatment for my pet. Such treatment may include the following:

- Traditional Chinese Veterinary Medicine
- Acupuncture
 - ✓ Dry needling
 - ✓ Aqua-acupuncture (injecting a solution into an acupuncture point)
 - ✓ Electro-acupuncture
 - ✓ Moxibustion (heating an acupuncture point)
 - ✓ Laser acupuncture
- Veterinary Spinal Manipulation Therapy/Animal Chiropractic
- Herbal Supplements and Whole Food Therapy

I acknowledge that I am using Litchfield Animal Wellness for alternative and complementary therapies.

I give permission to Dr. Paula Monte to treat my pet in this manner.

I understand that she is not my regular veterinarian, and therefore she **will not provide any routine or emergency care services for my pet.** In the event that my pet has an emergency, I will be required to take my pet to his/her regular veterinarian and/or to the appropriate emergency referral veterinarian.

I understand that payment is due when services are rendered and there is no billing.

Acceptable payment options include cash, check, and credit card (Visa, MasterCard, Discover, AMEX).

*Cancellation fee will apply if not given 24 hours notice.

Owner's Name

Date

Owner's Signature

Pet's Name



Fire	
Normals	Abnormals
<input type="checkbox"/> Lively	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Communicative	<input type="checkbox"/> Separation anxiety
<input type="checkbox"/> Very Friendly	<input type="checkbox"/> Restless
<input type="checkbox"/> Affectionate	<input type="checkbox"/> Excess heat
<input type="checkbox"/> Loves to be petted	<input type="checkbox"/> Rapid heart rate
<input type="checkbox"/> Center of the party	<input type="checkbox"/> Heart problems

Wood	
Normals	Abnormals
<input type="checkbox"/> Decisive	<input type="checkbox"/> Ligament problems
<input type="checkbox"/> Assertive	<input type="checkbox"/> Liver problems
<input type="checkbox"/> Confident	<input type="checkbox"/> Red eyes
<input type="checkbox"/> Strong	<input type="checkbox"/> Angers easily
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Ear problems
<input type="checkbox"/> Athletic-Stamina	<input type="checkbox"/> Nail problems
<input type="checkbox"/> Alpha Animal	<input type="checkbox"/> Footpad problems
	<input type="checkbox"/> Anal sac issues

Earth	
Normals	Abnormals
<input type="checkbox"/> Relaxed, laid back	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Sociable	<input type="checkbox"/> Constipation
<input type="checkbox"/> Round and large	<input type="checkbox"/> Loss of appetite
<input type="checkbox"/> Loyal	<input type="checkbox"/> Vomits
<input type="checkbox"/> Serene and balanced	<input type="checkbox"/> Gum Disease
<input type="checkbox"/> Cares for others (motherly)	<input type="checkbox"/> Weak Muscles
	<input type="checkbox"/> Oversats-obese
	<input type="checkbox"/> Worries

Water	
Normals	Abnormals
<input type="checkbox"/> Careful	<input type="checkbox"/> Rear weakness
<input type="checkbox"/> Curious	<input type="checkbox"/> Fearful
<input type="checkbox"/> Self contained	<input type="checkbox"/> Bone and back issues
<input type="checkbox"/> Likes to hide	<input type="checkbox"/> Urinary problems
<input type="checkbox"/> Meditative	<input type="checkbox"/> Disturbed growth
<input type="checkbox"/> Slow and consistent	<input type="checkbox"/> Deafness
	<input type="checkbox"/> Reproductive problems

Metal	
Normals	Abnormals
<input type="checkbox"/> Loves order	<input type="checkbox"/> Asthma
<input type="checkbox"/> Obeys the rules	<input type="checkbox"/> Dry skin
<input type="checkbox"/> Aloof	<input type="checkbox"/> Sinus problems
<input type="checkbox"/> Symmetrical body	<input type="checkbox"/> Breathing disorder
<input type="checkbox"/> Disciplined attitude	<input type="checkbox"/> Nose problems
<input type="checkbox"/> Good haircoat	<input type="checkbox"/> Cough