



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

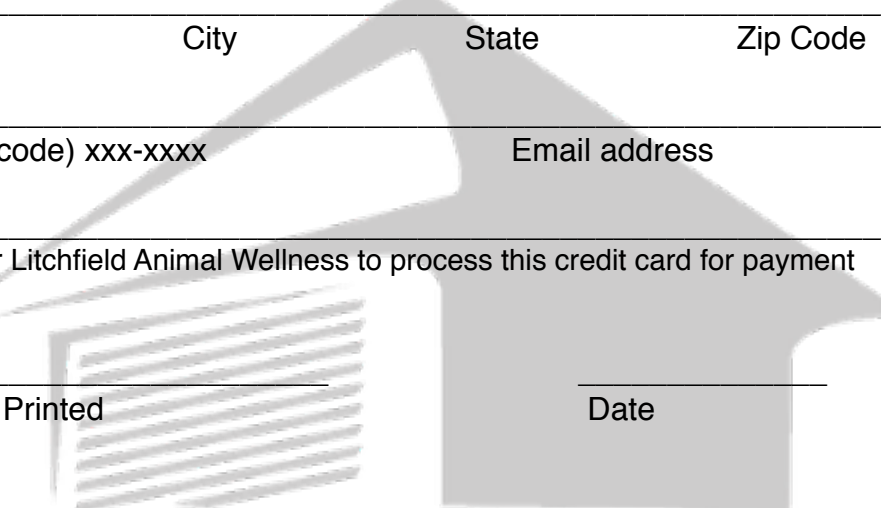

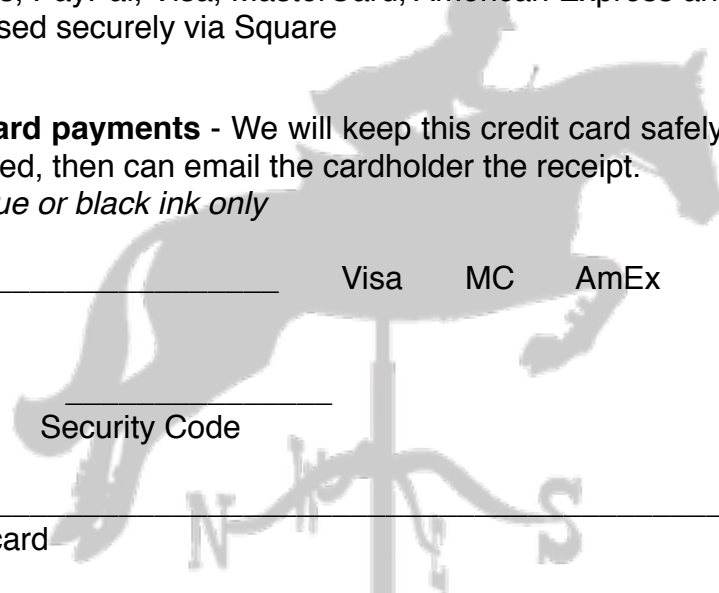
## PAYMENT OPTIONS AUTHORIZATION FORM

**Payment is expected at the time services are rendered.**

We accept Cash, Checks, PayPal, 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 #

\_\_\_\_\_    \_\_\_\_\_  
Expiration Date    Security Code

\_\_\_\_\_  
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:

<b>Foods:</b>	
<b>Drugs:</b>	
<b>Environmental:</b>	
<b>Vaccines :</b>	

### MAJOR CONCERN/REASON FOR SEEKING INTEGRATIVE TREATMENT:

**Issue/Complaint:** \_\_\_\_\_

\_\_\_\_\_

**Beginning Date:** \_\_\_\_\_

\_\_\_\_\_

### RESPONSE TO CURRENT TREATMENTS:

<b>Adverse Effects:</b>	
<b>Partial Response:</b>	
<b>Successful:</b>	
<b>No change Noted :</b>	
<b>Explanation:</b>	

### ANY ADDITIONAL COMMENTS/INFORMATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 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.

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Owner's Name

Date

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Owner's Signature

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Pet's Name