

**HORIZON HOLISTIC VETERINARY CARE
AUTHORIZATION OF TREATMENT AND RELEASE FORM**

Client Name_____

Pet's
Name_____Sex_____Breed_____Color_____Age_____

I,_____, the undersigned, do hereby state that I am the owner or the duly authorized agent of this animal. I authorize the veterinarian(s), their agents, employees and representatives to examine the animal specifically identified and to recommend and prescribe any treatment that is considered therapeutically and/or diagnostically necessary based on the findings during the course of the exam, including complementary therapies such as acupuncture, chiropractic, craniosacral, homeopathic and herbal medicine. I understand that many of the treatments utilized in this practice are beyond the scope of traditional veterinary medical options and are not considered standard of care in the veterinary industry. I understand that I will be given the opportunity to verbally accept or decline treatment recommendations at the time of examination. I further understand that any diagnosis, recommendations or treatments do not constitute a promise of resolution or cure of any condition or illness. I understand that, as with any treatment form, Traditional Chinese Medicine and the Holistic approach to medicine may have some unforeseen side effects and I do hereby release the doctor(s) of Horizon Holistic Veterinary Care, their staff, agents and representatives from any and all liability. This release will automatically serve as a release for any future examinations and/or treatments for the duration of my animal's treatment at Horizon Holistic Veterinary Care.

I assume all financial responsibility for the charges generated by the services I authorize and understand that all fees and charges are due in full at the time of the visit. I understand that I may pay with Cash, Check, American Express, Visa, MasterCard or Discover and that a \$30 service fee will be charged on all checks that are returned.

Cancellation Policy: Horizon Holistic Veterinary Care is an appointment only clinic. In an effort to have our practice run as smoothly as possible and best meet the needs of our patients, we ask for 24 hours notice to cancel or reschedule appointments. If you do not provide 24 hour notice of a cancellation and/or do not show up for the appointment, you will be charged for the appointment time.

I have read the cancellation policy and agree to the terms.

Client Signature

Date