

**Animal Wellness Center**

95 Northern Ave.  
Augusta, Maine 04330  
Ph: (207) 623-1177  
Fax: (207) 626-5799

Dear Client,

We are honored that you are willing to trust us with the care of your companion. As you are likely already aware, our practice is not the usual. We offer treatment in the form of homeopathic medicines and nutritional therapy (fresh food diets, vitamin and mineral supplements, and food concentrates). This type of treatment is emphasized because we feel it is the most effective way of dealing with a wide variety of health problems that our companions face. It is our opinion that homeopathic and nutritional therapy can be used to treat the same broad range of problems that are conventionally treated with drugs. It is also our experience that this is a very successful approach.

However, not every problem can be successfully treated by us. Sometimes the disease is too advanced for our methods. Other times, we do not have the necessary knowledge or experience. Occasionally, our methods fail in spite of our best efforts. This is not stated to discourage you, but rather to honestly communicate our skills and also our limitations.

It is important to realize that regardless of the nature of the problem your companion suffers from, we are only going to use the above-mentioned methods and no other treatment. If you decide to use conventional drug therapy or surgery in the future, we will discontinue homeopathic treatment. If it is our opinion that the wellbeing of your companion you should receive care from another practitioner or by other methods, we will refer you for this care.

If what has been presented above is acceptable to you and is what you wish for your pet, please sign the paragraph of acceptance that follows. Once signed, please mail or fax (207-626-5799) this to the Animal Wellness Center. Thank you.

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Declaration of Acceptance:

I have read the above explanation of the type of treatment offered by the Animal Wellness Center. I agree that this is what I want for my companion. I further stat that I am not expecting any other treatment than what is described here.

Name: (print) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Credit Card Info: Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Exp. Date: \_\_\_\_\_ V code: \_\_\_\_\_  
Acct. Number \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ D.O.B \_\_\_\_\_

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Billing/ Shipping Name/ Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Other: \_\_\_\_\_

Significant other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Vet Name: \_\_\_\_\_

Vet phone/address:

\_\_\_\_\_  
\_\_\_\_\_

Homeopathic Knowledge: \_\_\_\_\_

Referred by; \_\_\_\_\_

\_\_\_\_\_

Pet's Name: \_\_\_\_\_

Last vaccinations: \_\_\_\_\_

Type: \_\_\_\_\_

Dog/Cat M/F Neutered/Intact

Age: \_\_\_\_\_ Wt: \_\_\_\_\_

DOB: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

When Acquired: \_\_\_\_\_

Other Info/ Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Diet: \_\_\_\_\_

\_\_\_\_\_

Supplements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Usual Personality/ Temperament:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chief Complaint/ Reason for visit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_