

**GENERAL INFORMATION: Pet**

Owner's: Last Name                      First Name                      Middle Initial

Pet's: Name                                      Species                                      Breed

Birth Date                      Age                                      Birth Place                                      Sex

Address                      Street/Apt. #                                      City                                      State                                      Zip

Home Phone                      Work Phone                                      Cell Phone                                      Email

**MEDICAL HISTORY:**

What are the current and/or ongoing symptoms? \_\_\_\_\_

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

Please describe any previous conditions and interventions: \_\_\_\_\_

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

Does your pet have any allergies? \_\_\_\_\_

\_\_\_\_\_

Is your pet on medications? If so, please list them: \_\_\_\_\_

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

**Continued on Reverse→**

## **AGREEMENTS:**

### **Consent to Treat:**

My veterinarian's name is \_\_\_\_\_, and I authorize Marci Cody, M.P.T. to release information to him/her.

### **Financial Agreement:**

#### **Fees:**

- \$170 for the primary visit (60 min) and includes an evaluation, diagnosis, and treatment. Follow-up treatments are \$85-\$130 per standard 30-45 minute treatment thereafter.
- Cats: \$140 for the primary visit (45 min) and includes an evaluation, diagnosis, and treatment. Follow-up treatments are \$75 per standard 20 minute treatment thereafter.

### **Liability:**

Therapists and employees of *In Balance* are not liable for any outcomes resulting from the treatment of a pet. Pet owners are liable for all damage caused by their pets to In Balance's facility, other patients, or other pets.

### **Cancellations:**

There will be a cancellation fee of \$70 for all cancellations made less than 24 business hours before a scheduled appointment.

### **Agreement:**

I understand and agree to the aforementioned consents, financial agreement, and cancellation fee details for the treatment of my pet:

**Owner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_