

GENERAL INFORMATION: Pet

Owner's: Last Name	First Name	Middle Initial
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Pet's: Name	Species	Breed
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Birth Date	Age	Birth Place	Sex
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Address	Street/Apt. #	City	State	Zip
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Home Phone	Work Phone	Cell Phone	Email
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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:

- \$200 for the initial visit (60 min), which includes an evaluation, diagnosis, and treatment.
- Follow-up treatments cost \$120-\$160 per standard 30-45-minute session.
- Cats: \$170 for the primary visit (45 min), which includes an evaluation, diagnosis, and treatment.
- Cats: Follow-up treatments are \$90 per standard 20-minute treatment thereafter.

Full payment is due at the time of service. We accept checks and cash but do not accept credit cards.

Liability:

Therapists and employees at *In Balance* are not responsible for any outcomes from a pet's treatment. Pet owners are accountable for any damage their pets cause to In Balance's facility, other clients, or other pets.

Cancellations:

There will be a \$90 cancellation fee 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** _____