



Mariposa Veterinary Wellness Center

13900 Santa Fe Trail Dr., Lenexa, KS 66215

(913) 825-3330

www.MariposaVet.com

New Client Form

Name: _____ Spouse: _____

Address: _____

City, State, Zip: _____

Email: _____

Driver's License Number: _____

Place of Employment: _____

Home phone: (____) _____ Work phone: (____) _____

Cell: (____) _____ Spouse: (____) _____

Do you prefer email reminders? Yes _____ No _____

Emergency Contact (**Name & Phone Number**): _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

What method of payment will you be using today? (Cash/Check/Credit/Debit)

How did you find us?

- Friend's Name _____
- Location/Drive-by _____
- Phone book _____
- Doctor/Hospital _____
- Shelter/Rescue group (specify) _____
- Pet store _____
- Internet search _____
- Other _____

Pets:

Name: _____ DOB/ Age: _____

Breed: _____ Sex: _____ Spayed/Neutered? _____

Color _____ Microchipped? (ID if known) _____

Allergies or previous illness? _____

Name: _____ DOB/ Age: _____

Breed: _____ Sex: _____ Spayed/Neutered? _____

Color _____ Microchipped? (ID if known) _____

Allergies or previous illness? _____

Name: _____ DOB/ Age: _____

Breed: _____ Sex: _____ Spayed/Neutered? _____

Color _____ Microchipped? (ID if known) _____

Allergies or previous illness? _____

Signature: _____

**CONSENT TO COMPLEMENTARY AND/OR ALTERNATIVE VETERINARY MEDICAL CARE
("Non-Western / "Non-Traditional" Veterinary Treatment)**

THE UNDERSIGNED hereby certifies that I am the owner of the above named animal and I am over the eighteen years of age.

The undersigned recognizes and acknowledges that I am seeking a form of treatment for my animal that varies from traditional evidence-based "Western" veterinary medicine *a/k/a* "Traditional" veterinary medicine; hereafter complementary and/or alternative veterinary medicine ("**CAVM**"). This **CAVM** treatment for my animal is being desired and/or pursued:

- _____ (a) of my own accord;
- _____ (b) result of a word-of-mouth referral or suggestion by a family member or friend;
- _____ (c) referral or suggestion from a veterinarian;
- _____ (d) referral or suggestion from a veterinary organization;
- _____ (e) my reading of book, article or publication on **CAVM**; or
- _____ (f) hearing a talk or program on **CAVM**. [*Initial each appropriate line.*]

The undersigned understands the diagnostic and/or treatment procedures for **CAVM** are likely to vary considerably from those offered at "Western" or "Traditional" veterinary clinics, colleges, facilities, hospitals or practices. The types of **CAVM** treatment includes: (a) acupuncture; (b) acuthery; (c) acupressure; (d) homeopathic; (e) chiropractic; (f) electrical therapy; (g) food therapy; (h) herbal / plant therapy; (i) holistic medicine; (j) integrative therapies; (k) laser therapy; (l) magnetic therapy; (m) manual / manipulative therapies; (n) massage therapy; (o) nutraceutical therapy; (p) osteopathic; (q) phytotherapy; and/or (r) [*others listed here*] _____.

The undersigned appreciates and understands that not all animal patients can or will benefit from one or more of these **CAVM** approaches. The undersigned fully accepts that the attending veterinarian(s) may consider, discuss, recommend and/or suggest other modes of care for my animal including referrals to other veterinarians who practice "Western" or "Traditional" veterinary medicine, board-certified veterinarians in particular veterinary disciplines, or veterinarians who practice a combination of "Western" / "Traditional" veterinary medicine and **CAVM**.

The undersigned also understands and accepts that the attending veterinarian(s) may decide not to offer or provide discussed or suggested **CAVM** care for my animal without further clinical or diagnostic evaluation or testing or may decide not to offer such **CAVM** care because there is no apparent veterinary medical reason that it would benefit my animal.

The undersigned acknowledges and is aware that the practice of veterinary medicine is not an exact science and, thus, no assurances or guarantees for successful treatment can nor have been made. Further, the Mariposa Veterinary Wellness Center, L.L.C. veterinarian(s) have encouraged me to ask all questions I might have and the veterinarian (s) agreed not to proceed with this **CAVM** care until each of my questions had been answered to my full satisfaction. Also, with the opportunity to consult with other veterinarians before commencing **CAVM** care on my animal.

Last, the undersigned consents to the provision of requisite clinical and/or diagnostic procedures and **CAVM** treatment provided at Mariposa Veterinary Wellness Center, L.L.C.

Signature of Client or Authorized Agent

Date