Mariposa Veterinary Wellness Center
13900 Santa Fe Trail Dr., Lenexa, Kansas 66215
(913) 825-3330
www.MariposaVet.com **Info@MariposaVet.com**

New Client Form

Primary Owner: ______________________________ Co-Owner: ______________________________
Pronouns (optional): ______________________________
Email: ______________________________ Relationship to Primary Owner : ______________________

Address: ______________________________ City, State, Zip: ______________________________

Home Phone: ______________________________ Co-Owner Phone: ______________________________
□ *Check here if this is a cell phone* □ *cell* □ *home* □ *work*
Cell Phone: ______________________________ Preferred Contact Method: □ Email □ Phone Call □ Text

Emergency Contact if you Cannot Be Reached (**Name & Phone Number**): ______________________________

How Did you Hear About us?
□ Location/Drive-by □ Internet/Social Media **If Recommended, by Whom:** ______________________________
□ Doctor/Hospital □ Shelter/Rescue Group ______________________________

_____________ (initial) **I understand payment is expected at the time services are rendered. I acknowledge I am over 18 years of age. I assume full responsibility for all charges incurred in the care of this animal and I agree to pay charges at the time of release/discharge.**

Pets:

Name: ______________________________ DOB/Age: ________________ □ Male □ Female □ Neutered/Spayed?
Species: ______________ Breed: ________________ Color/Distinguishing Features: ______________________
Diagnosed with Allergies or Previous Illness? ______________________________
Current Diet/Medications: ______________________________ □ Microchipped? (ID if known): ______________________

Name: ______________________________ DOB/Age: ________________ □ Male □ Female □ Neutered/Spayed?
Species: ______________ Breed: ________________ Color/Distinguishing Features: ______________________
Diagnosed with Allergies or Previous Illness? ______________________________
Current Diet/Medications: ______________________________ □ Microchipped? (ID if known): ______________________

Name: ______________________________ DOB/Age: ________________ □ Male □ Female □ Neutered/Spayed?
Species: ______________ Breed: ________________ Color/Distinguishing Features: ______________________
Diagnosed with Allergies or Previous Illness? ______________________________
Current Diet/Medications: ______________________________ □ Microchipped? (ID if known): ______________________

________ (initial) **VACCINE RECORDS**: I grant permission to have my pet(s) vaccine records sent to another hospital/boarding / grooming/daycare facility.

PHOTO RELEASE: I grant to Mariposa Veterinary Wellness Center, its representatives and employees the right to take photographs of me & my property in connection with my visit. I authorize Mariposa Veterinary Wellness Center, its assigns & transferees to copyright, use & publish the same in print and/or electronically. I agree Mariposa Veterinary Wellness Center may use such photographs of me with or without my name & for any lawful purpose, including for example such purposes as publicity, illustration, advertising & web content.
I have read and understand the above.

Signature:____ Date: ________________________

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***").

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)** acutherapy; **(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 others.

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**

CONSENT TO AUDIO RECORDING

Our veterinary services utilize ScribbleVet, a tool from Kairo Care, Inc., which records your pet's appointments for improved clinical documentation. We need your consent to proceed with the recording. By signing this agreement:

1. **Appointment Recording**: You agree that your vet appointments may be recorded. If you don't want to be recorded, let us know.

2. **Usage Rights**: You grant us permission to share these recordings, and any other materials you choose to provide, for the purpose of improved clinical documentation.

3. **Age Confirmation & Understanding**: You affirm that you are at least eighteen years old, and that you understand and accept the terms in this agreement.

_____ _____

Signature of Client or Authorized Agent **Date**