



WELCOME. Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. Please take the time to fill in this form completely. Our team will reach out to schedule an appointment within one business day. Thank you!

PERSON RESPONSIBLE FOR MEDICAL AND FINANCIAL DECISIONS REGARDING PATIENT

First and Last Name _____
PRINT

First and Last Name _____
SIGNATURE

OWNER INFORMATION

Owner First Name _____

Owner Last Name _____

Driver's License Number _____

Primary E-mail Address _____

Address _____
(Street) (City) (State) (Zip Code)

Owner Home Phone Number (____) _____

Owner Cell Phone Number (____) _____

Co-Owner First Name _____

Co-Owner Last Name _____

Co-Owner Cell Phone Number (____) _____

Please check here if you have an active duty military or first responder ID card on you at this time. ☐

PATIENT INFORMATION

Reason for Referral or Visit _____

Patient Name _____ Breed _____ Color(s) _____

Circle: Cat Dog Sex: Male Neutered Female Spayed Date of Birth _____

Patient Name _____ Breed _____ Color(s) _____

Circle: Cat Dog Sex: Male Neutered Female Spayed Date of Birth _____

REFERRAL INFORMATION

Primary Care Veterinarian's Name _____

Clinic / Hospital Name _____

PAYMENT IS DUE IN FULL AT TIME OF SERVICE.

ALLURE INTEGRATED PET SPECIALISTS HOURS, APPOINTMENTS AND PAYMENTS

HOURS: Our Specialty Department hours are Monday – Friday from 8 AM to 6 PM. Our Emergency Department is open 24/7 including holidays for pets in need.

APPOINTMENTS: Allure Integrated Pet Specialists (AIPS) makes every effort to see every appointment request within a timely manner. Our specialty departments see patients on an appointment basis so that we can better plan and serve you. Our emergency department sees patients based on most critical. Our goal is to be punctual and to have you in and out of our hospital for scheduled, routine appointments within 1 hour of your scheduled appointment time.

DROP OFF APPOINTMENTS: Drop Off Appointments vary based on Specialty Departments. Please ask a member of our staff about this appointment option.

PAYMENTS: All payment is due at times of service unless otherwise discussed with the doctor or practice manager. For hospitalization, surgeries, and other procedures, 100% of estimated total will be due before any services are rendered. If your pet is hospitalized, we will ask that your balance be updated daily. AIPS does not provide any payment plans, although we do accept Care Credit, credit cards, and cash. AIPS does not accept payments by check.

CONSENT FOR VETERINARY TREATMENT & INTEGRATED OR ALTERNATIVE THERAPY

Allure Integrated Pet Specialists (AIPS) is an integrated medicine veterinary hospital. This means that the veterinarian(s) of AIPS may blend traditional standard of care with integrated/alternative treatments. Integrated and/or alternative treatments may include, but are not limited to homeopathic remedies, acupuncture, chiropractic care, aromatherapy, Chinese Herbs, nutraceuticals and/or dietary supplements, and/or food therapy. The decision to use these various modalities may be based on Traditional Chinese Medicine theories and/or other non-traditional methodologies.

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize Allure Integrated Pet Specialists veterinarians/staff to perform examinations, diagnostic tests, radiographs, and medical and surgical treatment, including the administration of anesthesia, as are determined to be necessary in the judgement of the licensed veterinarian supervising the care and treatment of the animal. I understand that I can request an estimate of anticipated expenses at any time and I can decline any treatment at any time.

If an integrated treatment is recommended and if I agree to any integrated treatment, I hereby fully consent to and authorize the performance of such integrated treatment by the veterinarian(s), including any preliminary, or additional treatments, therapies, tests, medications, herbs or injections that may be, in the judgement of veterinarian(s) associated with AIPS and their respective employees, assistants or consultants, to administer and perform any and all integrated medical, drugs, treatments, tests, medication, injections or diagnostic procedures to my pet(s) that may be deemed advisable or necessary. I understand that I can decline any and all integrated treatments that may be recommended to me at any time.

I will not take home any medication, herb, remedy, nutraceutical and/or supplement that has not been fully explained to me to the point that I feel informed, to my satisfaction, by the veterinarian(s) or employees of AIPS. I also understand that no medication, herb, etc. can be returned after I have taken it from AIPS. Further, I acknowledge that integrated veterinary medicine may be considered by some in American veterinary profession as a philosophy or practice that may differ from current scientific knowledge, or whose theoretical basis and techniques may diverge, even considerably, from veterinary medicine routinely taught in accredited veterinary colleges in the United States.

I understand that integrated veterinary therapy: (a) is not like most conventional or drug therapies, in that it has or may have multiple effects on many systems in an animal at a time; (b) it may have no effect; (c) my pet(s) may experience some discomfort from integrated treatments; (d) integrated veterinary treatments are usually, but not always, safe, and it may have side effects that may be the same or more severe than conventional, drugs, or other treatments; and (e) adverse effects may include, but not limited to, illness, known or unknown interactions, nausea, vomiting, diarrhea, constipation, muscle spasms, or more serious, unforeseen effects including, in rare situations, stroke, paralysis, or death.

I realize that my pet(s) may not respond nor benefit from integrated veterinary treatment. I also understand that it is important for me to follow the veterinarian(s)'s instructions on monitoring my animal(s) such as, but not limited to, blood, stool, and/or urine tests, over the course of its/their traditional western or integrated veterinary treatment and to promptly and fully report to the veterinarian(s) of AIPS or their representative, any adverse effects or unusual behavior by my pet(s).

I further understand that if my pet(s) is seen by another veterinarian, not associated with AIPS, while undergoing or having undergone integrated veterinary treatment, that I should fully inform the other veterinarian that my pet(s) is on or has undergone a complementary veterinary treatment, the nature of the integrated veterinary treatment, and request the other veterinarian to contact AIPS and one of our veterinarian(s) associated with my pet.

I HAVE FULLY READ THIS CONSENT FORM BEFORE SIGNING IT AND I UNDERSTAND IT IS MY RESPONSIBILITY TO ASK ANY QUESTIONS I HAVE UNTIL I FEEL FULLY SATISFIED PRIOR TO DEPARTURE NOW OR AT ANY TIME IN THE FUTURE, WHETHER RELATED TO AN APPOINTMENT OR OTHER MEANS OF COMMUNICATION, REGARDING ANY AND ALL TRADITIONAL WESTERN OR INTEGRATED VETERINARY MEDICINE THERAPIES, RISK ASSOCIATED WITH INTEGRATED VETERINARY MEDICINE, OTHER NON-ALTERNATIVE TREATMENTS, THERAPIES, AND PROTOCOLS OR PROCEDURES THAT ARE OR MAY BE AVAILABLE OR POSSIBLE FOR MY ANIMAL(S).

I HAVE FREELY AND KNOWINGLY SIGNED THIS CONSENT FORM.

First and Last Name _____

Date _____