



AMS ACUPUNCTURE & HERBS 4 PETS

CLIENT INFORMATION

Name (last,first) _____
Address _____ City _____ State _____
Zip Code _____ Phone _____ Cell Phone _____
Work Phone Number _____ E-mail Address _____

Drivers License or SSN _____ Employer/Profession _____

Method of Payment: Cash Check Credit Card

How did you hear about AMS Acupuncture and Herbs 4 Pets? _____

PET INFORMATION

Pet's Name _____ Date of Birth (month, day, year) _____
Species _____ Breed _____ Gender _____ Color _____

Neutered or Spayed? (Check One): Yes No

I, the undersigned, understand that I am requesting Holistic Veterinary Care(Low-Level Laser therapy, Acupuncture and/or Chinese Herbal Therapy) for my pet. I understand that AMS Acupuncture and Herbs 4 Pets will take every precaution in treatment but that there is no guarantee of results, nor any warranty of cure. I understand that I am fully responsible for the cost of treatment and that payment is due at the time of service. Missed appointments will be charged a \$50 fee. A \$45 fee will be charged if a check is returned for insufficient funds.

Sign _____ Date _____