

STATEMENT OF INFORMED CONSENT

I, Rebekah Peterman, am a Holistic Pet Consultant. I am willing to share my knowledge with you.

The state of California does not at this time license Holistic Pet Consultants. I am not a doctor of veterinary medicine, nor do I diagnose, prescribe, or claim to cure any condition. My services are not intended to substitute for the care of a licensed DVM.

The purpose of this visit and/or conversation is instructional. Any questions asked by me are solely to assess the nutritional and emotional status of your animal's health, and not for the diagnosis of disease or other pathologies, though it may help us in our mutual goal of furthering your animal's health if we understand a diagnosis given by a licensed practitioner. My recommendations are only for the purpose of optimizing your pet's nutritional and emotional state and educating about the use of various natural remedies.

You are encouraged to seek the advice of a licensed DVM and/or chiropractor, acupuncturist or naturopathic physician before following any program of self-care. If you choose to proceed without supervision by a licensed practitioner, this is your right, but I assume no responsibilities for your decision.

"I, the undersigned, have read and agree with the above statements and wish to participate in this relationship with Rebekah Peterman. I understand the information that I may receive is intended for personal guidance and education only, not to treat or diagnose any condition, nor to be representative as a practice of medicine. No guarantees will be made to me in regards to a cure of any condition from which my animal may suffer. I request the Holistic Pet Consultant's suggestions, recognizing that I am free to act upon or disregard the recommendation as I choose, and as such, release her of all responsibility for my actions and any consequences thereof, both now and in the future."

SIGNATURE

DATE

Sunnybrook Farm Holistic Pet Care

Owner Information:

Name:
Mailing Address:
Home Number:
Cell Number:
Work Number:
Fax Number:
E-Mail Address:

Pet Information:

Name:
Age:
Sex:
Breed/Coloring:
Spayed/Neutered: Date:
Inoculated: Date:
Diet: (Brand & product)
Veterinarian:

Where did you obtain your pet from? (Breeder, shelter, pet store)

How old was the animal when you acquired it?

Do you have any knowledge of your pet's history?

Please list all people that live or spend significant amounts of time in your household or with your pet:

Name	Gender	Age	Relationship	Occupation

Please list all other household pets:

Name	Species	Breed	Gender	Age	When did you acquire this animal?

Have there been any changes in your household?

(Addition or loss of another pet or family member, remodeling, moving, schedule changes)

Reason for coming today/main complaint:

History of current complaint:

When did you first notice this issue?

Describe a typical episode:

What have you done to try to help your pet?

Please list ANY medications, supplements or prescription diet that your animal is on currently:

What aggravates the condition?

What relieves the condition?

Are symptoms worse during a particular time of year or time of day?

In your opinion what is occurring?

Are there any other physical or emotional issues that your pet has experienced?

Have you seen a vet or other practitioner for this condition?

If so, did they run tests?

What were the results or diagnosis?

What was the treatment recommended?

Did you follow this protocol?

Has your animal recently seen a vet for any other conditions, examinations or checkups?

Where there any tests run?

What were the results or diagnosis?

Has your pet had any major accidents, injuries, surgeries, or hospitalizations?

Describe your pets' daily routine:

How many meals per day does your pet eat?

What time of day do you feed your pet?

Where do you feed your pet and what type of container does your animal eat from?

Describe your pet's bowel movements: (Frequency, consistency, color, urgency, etc.)

Do you feed your pet treats?

If so, what type of treats do you feed? (Brand & product)

What percentage of the day does your animal spend inside the home?

What are the circumstances of your pets' outdoor activity?

(Time in yard, walks, play time, etc)

Does your animal interact with any animals outside of the household?

(Other pets in neighborhood, dog parks, play groups, daycare, boarding, please describe)

How does your pet react to visitors? (Familiar and unfamiliar)

Where is your animal kept when left alone?

Where does your pet sleep?

At night:

During the day:

Is there anything else that you would like to tell me about your pet?

What areas in particular are you interested in?

- Flea Control

 - Vitamin and Mineral Supplementation

 - Individualized Diet Screening

 - Home-Cooked Diet

 - Raw Food Diet

 - Non-Anesthetic Dental Service

 - Flower Essence

 - Homeopathy

 - Reiki

 - Essential Oils
-