

## **Healing Touch Veterinary Wellness Center**

Thank you for choosing holistic wellness care for your beloved animal companion. Our philosophy: When we agree to take on your beloved animal as a patient we also agree to support your family through many potentially difficult decisions. Our goal in life is to make this world a better place one day and one family at a time. Our style of practicing holistic medicine may not be for everyone and at the same time there is not a person or animal that we have consulted with that we have not helped in some way. We look forward to fostering a professional and at the same time very personal relationship with your family. We became veterinarians because we believed we could make a difference and we are making that difference every day. The below list of prices and services are for your information in order to better help you plan for and be prepared for our experience together. Thank you again for your interest in holistic healthcare.

*Please email, mail, or fax all information / copies / signed agreements to:*

**14474 Dickens Street  
Sherman Oaks, CA 91423  
Phone: 1-818-453-8911  
Fax: 1-888-324-3016  
HYPERLINK "<mailto:Records.HTV@Gmail.com>"  
[Records.HTV@Gmail.com](mailto:Records.HTV@Gmail.com)**

Please have all and any imaging, reports, lab work such as blood, urine, cultures, ACTH stimulation test results as well as any other recent diagnostics performed, and all recent exam notes from your previous/current allopathic veterinarian available for review. For each visit, a doctor will perform either Acupuncture / Chiropractic / Energy Treatment or a combination of the three, depending on the animal and the evaluation results; homeopathy and nutrition will be discussed as well.

Homeopathic remedies, nutritional supplements, herbal treatments, electro- acupuncture, moxa, physical therapy props / treatment programs & preparation, diagnostics (such as lab work and sample collection), medical procedures (such as expressing anal glands or 6 month complete physical examination), Veterinary letters or legal documentation (such as health certificates and vaccine dismissal letters) and any other services or products not mentioned in the above mentioned four menu items require additional fees.

At home euthanasia, I recommend you contact Guardian Animal Aftercare for transport and cremation services at 818-768-6465 or visit [www.guardianaftercare.com](http://www.guardianaftercare.com) for more information. Guardian Aftercare is an excellent service and provides FREE grief support to all customers.

**Pricing and time schedule:**

- 1) Initial Consult in the office: \$250. Consults are approximately 1 Hour- 2 Hours in length and includes review of copied previous lab reports and records if and when sent in via email or fax.
- 2) Follow up treatments in the office with doctor (30 minutes): \$150

**By signing below, I acknowledge that I understand that this is for holistic evaluation and treatment only, and that although significant improvement in the animal's condition may occur, neither Dr. MacCorkle nor any Healing Touch associate doctor claims or promises a curative result. Also that payment is due at time of services rendered.**

Signature:

Date:

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**Courtesy 24 hour Cancellation Policy for Dr. Audra MacCorkle**

All cancellations must be phoned in at least 24 hours in advance as a courtesy to other animals that need to schedule with Dr. MacCorkle. The **FULL** amount of the scheduled appointment (which translates into the amount of time booked for consultation with Dr. MacCorkle) will be charged if the cancellation was not made within the requested timeframe. We apologize to have to institute such a policy but due to a limited amount of time available to see patients this new policy must be enforced. Thank you in advance for your understanding and continued support.

I understand the above and agree to be financial responsible if I do not cancel any appointment within the understood timeframe explained above.

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Signature of animal's guardian

Please email or fax completed forms 24 HOURS BEFORE APPOINTMENT  
(We prefer email if possible) Thank you for your prompt response and cooperation.

## Client Information Sheet

**Name:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Emergency Contact Information:**

*Contacts below are authorized to obtain or ask for pet information and take pet home.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **New Patient Information Sheet**

**Animal Name:**

**Breed:**

**Spayed / Neutered:**

**Approximate Weight:**

**Approximate Age:**

**Microchip:**

1 Current problem/s:

2 Previous/historical problems:

3 Any vaccines & dates administered:

4 Current previous medications given (dosage & frequency):

5 Current previous diet (brand, how much & how often do you feed):

6 List any supplements & treats given:

- 7 Flea control used:
- 8 Heartworm preventative:
- 9 Any chronic or recent vomiting/diarrhea/GI concerns (lots of gas?):
- 10 Any chronic or recent coughing/sneezing/Respiratory concerns:
- 11 Change in drinking or urinating (amount or frequency):
- 12 Is your animal a “big” drinker?
- 13 Describe, in detail any chronic or recent skin problems:
- 14 Describe in detail your animal’s appetite/eating habits:
- 15 Describe in detail your animal’s activities/exercises:
- 16 Describe any specific orthopedic concerns:
- 17 Relationship with other animals in household or to new/unfamiliar animals:

- 18 Relationship to strangers in the home and away from home:
- 19 Does he/she settle down and go sit off to the side after company has been there for a while or does he/she insist on constant attention?
- 20 Does he/she prefer hot or cold places to rest (i.e. Loves sun bathing or tile floor)?
- 21 Is there any 2-hour period of time during the day when your animal always or almost always does something (i.e. Hungry at 11am everyday or wakes you up to go out at 3am)?
- 22 Any known allergies or bad reactions to medications/vaccines:
- 23 List any surgeries other than spay/neuter that your animal has experienced:
- 24 Describe the dental hygiene used for your animal (include dentals & dates):
- 25 Describe your animals sleep patterns:
- 26 Describe any other concerns / information not already addressed on a separate sheet such as how well does your animal sleep, any serious fears such as of water, and does anything unusual make your animal's condition better or worsen

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(We prefer email if possible) Thank you for your prompt response and cooperation.**