

*NATURAL CARE INSTITUTE LLC*  
*The Complete Tool Box of Holistic Veterinary Medicine*  
*Nancy Brandt DVM, CAC, CVA, Chief Medical Advisor*  
6315 S. RAINBOW SUITE 104  
Las Vegas, NV 89118  
(702) 617-3285

THANK YOU FOR THE OPPORTUNITY TO CARE FOR YOUR PET(S).  
PLEASE HELP US TO MEET YOUR NEEDS BY TAKING A MOMENT  
TO COMPLETE ALL FORMS.

Mr.  Mrs.  Ms  \_\_\_\_\_ Spouse/Other \_\_\_\_\_  
Address \_\_\_\_\_ # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home# \_\_\_\_\_ Work# \_\_\_\_\_ Ext: \_\_\_\_\_  
Cell \_\_\_\_\_ E-Mail \_\_\_\_\_  
Employers Name \_\_\_\_\_ Job Title \_\_\_\_\_  
**In case of emergency, call** \_\_\_\_\_ at Ph# \_\_\_\_\_

- ❖ Were you referred to us?  Yes  No
  - If Yes, by whom? \_\_\_\_\_
  - If No, how did you hear about us? \_\_\_\_\_
- ❖ Previous diagnosis \_\_\_\_\_
- ❖ Did you bring or recently have done blood work, -rays, or records?
  - Yes  No  Brought \_\_\_\_\_
- ❖ May we contact your referring Veterinarian?  Yes  No
  - Dr. \_\_\_\_\_ At \_\_\_\_\_ Ph# \_\_\_\_\_
- ❖ Do you prefer?
  - Conventional/Western Medicine only?
  - Holistic therapies only?
  - Both

**PAYMENT FOR ALL PROCEDURES, COUNSELING, PRESCRIPTIONS AND  
SURGERIES ARE DUE AT THE TIME SERVICES ARE RENDERED; YOU MAY PAY  
BY CASH OR CHECK WITH TWO PIECES OF ID, VISA, MASTERCARD,  
DISCOVER, AMERICAN EXPRESS OR CARE CREDIT**

**Would you like to receive information about upcoming workshops? Yes  No**   
**Would you like to receive periodic E-mail newsletters? Yes  No**

THE INFORMATION THAT I PROVIDED ABOVE IS TRUE AND CORRECT. BY CHECKING THE ABOVE  
BOX, I HAVE AGREED TO RECEIVE E-MAIL FROM NATURAL CARE INSTITUTE INC.

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Signature

Date

## ANIMAL DESCRIPTION AND MEDICAL HISTORY

PLEASE FILL IN ALL KNOWN INFORMATION

Pet's name \_\_\_\_\_  
 Species (K9/Feline) \_\_\_\_\_  
 Breed \_\_\_\_\_  
 Color & Fur length \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Sex  Male  Female  
 Neutered/alterd  Castration  Spayed  
 Length of time owned \_\_\_\_\_  
 Supplements  Yes  No Type \_\_\_\_\_  
 Surgeries  Yes  No Type \_\_\_\_\_  
 Medications  Yes  No Type \_\_\_\_\_  
 Previous Treatments  Yes  No Type \_\_\_\_\_  
 (full details may be provided in the auto history)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Vaccine History	Date	Past Due	Refuse	Titer
DHLPP/C/	_____	_____	_____	_____
Lymes	_____	_____	_____	_____
Bordatella	_____	_____	_____	_____
Rabies	_____	_____	_____	_____
FVRPCP	_____	_____	_____	_____
Fel. Leukemia	_____	_____	_____	_____
FIP	_____	_____	_____	_____
FIA (V)	_____	_____	_____	_____

Test History

Heartworm test  Negative  Positive  
 Fecal exam (worms)  Negative  Positive  
 Feline Leukemia  Negative  Positive  
 FIP/Corona (feline)  Negative  Positive  
 FIA (feline)  Negative  Positive

Pet's Origin  Breeder  Friend  Individual  Kennel  Newspaper  Pet Shop  
 Stray  Humane Society  Other

## AUTO HISTORY

**DIRECTIONS:** To aid the doctor in reaching an accurate diagnosis, a complete background on your pet is essential. Please fill out the following questionnaire. Answer each question to the best of your ability. If you do not understand a question or have doubts about your answer, leave the question blank or put a question mark (?).

REASON FOR VISIT: \_\_\_\_\_

MEDICAL DIAGNOSIS: \_\_\_\_\_

CHECK ALL YOU ARE INTERESTED IN:  Doctor's recommendations

- Acupuncture  Anal glands  Applied kinesiology  Blood work  
 Detoxification  Ear treatment  Electromagnetic field energy  
 Emotional balancing  Enema  Essential oils  Eye treatment  
 Medicated bath  Lazer  Nail Trim  Nutritional consultation  Spinal adjustment   
Teeth Cleaning  Vaccinations  
 Other \_\_\_\_\_

DIET:  Table leftovers Type \_\_\_\_\_  
 Canned Commercial Food Type \_\_\_\_\_  
 Dry Commercial Food Type \_\_\_\_\_  
 Semi-dry Commercial Food Type \_\_\_\_\_  
 Home Made Diet Type \_\_\_\_\_

Raw Diet Type \_\_\_\_\_  
Times per day fed: \_\_\_\_\_ Amount of food fed per feeding: \_\_\_\_\_

### SUPPLEMENTS:

Yes  No  
What type? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treats:  Yes  No  
What type? \_\_\_\_\_

### TYPE OF WATER:

Tap  Filtered  Bottled  Distilled  Constant access  intermittent access  Alkalized

### CHANGES NOTED:

Increase in water intake  Decrease in water intake  
 Increase in food intake  Decrease in food intake  
 Weight loss  Weight gain  
Appetite changes?  Normal  Ravishing  Picky  Absent

### Urination:

I see my pet urinate?  Yes  No  
Frequency of urination  Increased  Decreased  Same  
Volume of urine  Increased  Decreased  Same  
 Straining  Change in color  Change in odor  Crying

**DEFECATION:**

- I SEE MY PET DEFECATE?  YES  NO  
HOW MANY BOWEL MOVEMENTS (BM'S) PER DAY? \_\_\_\_\_  
FREQUENCY OF BM'S  INCREASE  DECREASE  SAME  
AMOUNT OR VOLUME  INCREASE  DECREASE  SAME  
 STRAINING  BLOOD  FLUID  SOFT  HARD  MUCUS  
OTHER CHANGES NOTED \_\_\_\_\_

**DISCHARGES:**

- NOSE  MOUTH  VAGINA  ANUS  MAMMARY GLANDS  EYES  EARS  
 OTHER \_\_\_\_\_

**ABNORMAL BEHAVIORS:**

- OVERACTIVE  UNDERACTIVE  DEPRESSED  LETHARGIC  NOT MOBILE  
 OTHER \_\_\_\_\_

**PLEASE CHECK ANY OTHER SYMPTOMS:**

- BEHAVIORAL  COUGHING  DENTAL  EAR PROBLEM  EMOTIONAL  
 EYE PROBLEM  LABORED BREATHING  LIMPING  LUMP/MASS  PAIN   
 SNEEZING  VOMITING  WHEEZING

**DESCRIBE LOCATION, FREQUENCY, AND LENGTH OF TIME OCCURRING OF ABOVE SIGNS:**

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

**ARE THE SIGNS:**

- INTERMITTENT  CONSTANT  QUICK TO SHOW  GOTTEN WORSE  GOTTEN  
BETTER  
 STAYED THE SAME  DECREASING THE QUALITY OF LIFE

**TREATMENTS GIVEN: PREVIOUS OR CURRENT**

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

**RESULT AFTER TREATMENT:**

- IMPROVED  SOMEWHAT IMPROVED  SLIGHTLY IMPROVED  WORSENERD  SAME  
 OTHER \_\_\_\_\_

**EXPECTATIONS:**

- DESCRIBE YOUR EXPECTATIONS OF HOLISTIC MEDICINE:**  CURATIVE  PALLIATIVE  
 PROLONG LIFE  IMPROVE QUALITY OF LIFE  WORTH THE TRY  LAST RESORT  
 TALKED INTO IT

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

Pet's Name \_\_\_\_\_

### INFORMED CONSENT FORM

I, the undersigned owner of the above listed pet, hereby authorize Dr. Brandt (and whomever she may designate as assistants) and/or her relief veterinarian to evaluate and administer treatment, as is necessary, and additional procedures as are considered therapeutic and/or diagnostically necessary, such as blood tests and to perform any surgical procedures as are deemed necessary, on the basis of the findings during the course of evaluation. I also consent to the administration of such anesthetics or tranquilizers as are necessary.

I also consent and authorize Dr. Brandt to diagnose, receive, prescribe for, treat with traditional or conventional medicine and/or complimentary medicine, applied kinesiology muscle test, homeopathic medicine or administer needle acupuncture, acupark, essential oil therapies, herbal medicines, electromagnetic field therapy, injections, bio-energetic techniques, laser therapy, hydrogen peroxide therapy, chelation therapy, electromagnetic healing, chiropractic adjustment or surgery on my pet. I acknowledge that individual fees will be charged for various procedures. It is a client's responsibility to request an estimate prior to treatment. I understand that several of these procedures are new in the field and are still considered experimental and are not recognized by the FDA or the American Veterinary Medical Association (AVMA). No procedures will be performed without prior consent of the pet's guardian.

I acknowledge that Dr. Brandt currently employs alternative health care practices in her veterinary medical hospital. Homeopathy is not currently a recognized modality by the AVMA. The AVMA recommends that judgment be withheld regarding its suitability until more research has been conducted on animals. The recommendation of the AVMA is that the public should be informed in advance by the practitioner that homeopathy is currently considered an unconventional form of veterinary practice. Veterinary homeopathy techniques should be practiced only by a licensed veterinarian. Likewise, I acknowledge that I have been informed of the standard of practice in regards to making decisions for my pet's treatment.

I understand that Natural Care Institute LLC will use all reasonable precautions against injury, escape, or destruction of my pet, but I will not hold Dr. Brandt or Natural Care Institute LLC liable or responsible in any manner whatsoever in any circumstances on account of treatment, care, or safe keeping of my pet. I acknowledge that no guarantees or assurances have been or will be made to me as to the result of the examination or treatment at the Natural Care Institute LLC.

If an animal is not retrieved, a written notice will be mailed to the address below to remove the said animal(s). Five days after such written notice the animal(s) will be considered abandoned and may be found a new home as the Natural Care Institute LLC. deems best, and it is understood that its in so doing does not relieve me from paying all costs of its service and the use, of the hospital, including the cost of keeping the animals(s). I understand Natural Care Institute LLC. does not have the facilities to keep animals and therefore, payment for boarding will be billed by a third party.

I hereby certify that I have read and fully understand, and agree to the above and authorize medical and/or surgical treatment for my pet as deemed needed by myself and Dr Brandt. I assume financial responsibility for all charges incurred to the patient, consent to release of medical information and authorize direct payment to the Natural Care Institute LLC.

**NO TREATMENT WILL BE DONE WITHOUT THE PREVIOUS CONSENT OF THE OWNER.**

Signature of the Owner or Guardian \_\_\_\_\_

Owner's Address \_\_\_\_\_

Witness \_\_\_\_\_

**PAYMENT IS EXPECTED AT THE  
TIME SERVICES ARE RENDERED.**

## **Consent Form for Use of "Extra-Label" Pharmaceuticals and other Medications**

The Food and Drug Administration (FDA) oversees the licensing of pharmaceuticals for humans and animals. Many medications that have been approved for use in humans and/or some animals have also been proven to be safe and effective in species for which the medications are not labeled. Medications are considered to be used in an "extra-label" manner when a FDA-approved medication is used to treat a different species than it was approved for.

Extra-label use, in this case, may include the use of experimental medications or medications manufactured in foreign countries that have not been approved by the FDA. Despite this lack of FDA approval, it may be necessary to occasionally use such medications when no other effective options exist or it is otherwise advisable by your veterinarian.

Many medications can potentially cause harmful side effects, including death. The medications that will be used for your pet at Natural Care Institute LLC have been safely used in individuals of the same or related species. When a medications must be used to treat an unusual disease or an unusual species, effectiveness and safety can be difficult to predict. You will be advised when your pet has been prescribed a medication that has not been given to a significant number of individuals of a similar species with a similar medical condition.

I have read and understand the above policy on the use of extra-label pharmaceuticals or other medications. I authorize the staff at Natural Care Institute LLC to administer and prescribe extra-label medications for my pet. I understand that any medication, including those that are used in an extra-label manner, can produce undesirable side effects. Thus, I acknowledge that it is my responsibility to administer prescribed medications for my pet as directed and to notify my veterinarian of any apparent side effects or complications.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_