

Eryn Atton, HOM, DCHM



Homeopathic Consultation Intake and Consent Form for Pets

Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Pets Name: _____ Date of Birth: _____

Breed: _____ Age: _____ Weight: _____ Sex: M F

Veterinarian: _____ Phone: _____

What are the Chief Complaints in order of priority for your pet? Since When?

Can you trace the origin of your pets illness to any particular circumstance, accident, illness, incident or mental upset? (eg. shock, worry, dietary, overexertion, weather)?

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What makes the problems better or worse?

What time of day is the problem the worst?

List any bowel changes (colour, frequency, consistency, behaviour):

List any behavioural changes:

What fears does your pet have?

How does He/She react to new people?

Any past/present skin conditions?

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Diet:

Brand: _____ Changes in eating pattern: _____

Amount: _____ Likes/Dislikes to eat: _____

Water intake: amount and temperature preferred: _____

Where does your pet like to sleep and in what position?

Has your pet been spayed or neutered?

Please list any major surgeries your pet has had in the past including dates:

Has your pet had any injuries? If so, when?

What vaccinations has you pet had? Was there any adverse reactions? If so, what were they?

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Please list any medications your pet is currently on, including homeopathic or natural remedies.

Client Acknowledgement

Medical/Professional Waiver

I fully understand that Eryn Atton is not a veterinarian and I am not here for veterinary diagnosis. If my pet has any health problem, condition or disease, I am now being advised not to postpone or delay seeking medical advice from a licensed doctor of veterinary medicine. I understand and agree that any educational consultation by a Homeopath is not designed to take the place of veterinary care.

In consulting with Eryn Atton I am becoming educated on a complimentary method of treatment through which to address my pet's health. I agree to pay all fees presented in the current rate schedule, payable to Eryn Atton directly on the date of appointment. I also understand the fees are for an educational consultation.

Payment can be made by e-transfer or credit card at the end of each visit. Official receipts will be issued at time of paid service.

I have read and understand all the information outlined above.

Guardian Signature: _____ Date: _____

Eryn Atton, HOM, DCHM
www.barriehomeopathy.ca
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Tel.: (705) 790-0132

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Fee Schedule

Adults:

Initial Consultation (60 - 90 mins)	\$200.00
Follow-Up Consultation (30 mins)	\$ 65.00

Children (12 years and under):

Initial Consultation (60 mins)	\$150.00
Follow-Up Consultation (30 mins)	\$ 50.00

Pets:

Initial Consultation (60 mins)	\$150.00
Follow-Up Consultation (30 mins)	\$ 50.00

Acute Treatments:

15 minutes used for acute conditions such as colds, flus, infections, minor injuries (sprains, strains, bone breaks, pre/post surgery)	\$ 30.00
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Payment:

All fees are payable via E-Transfer, Visa or Mastercard at the time of your visit.

All services/consultations/goods are subject to 13% HST.

Appointments available by phone, FaceTime, Doxy and in person by special request.

Cancellation Policy:

Missed appointments or cancellations made with less than 24 hours notice will be charged 50% of the appointment fee.

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