

**DOWN TO EARTH**  
Mobile Holistic Vet



**DOWN TO EARTH Holistic Vet**  
Robin Soifer DVM, CVA

**Request For & Agreement of Services  
Authorization for Examination / Treatment &  
Financial Responsibility**

Name/Agent: \_\_\_\_\_

Animal(s) Name & species: \_\_\_\_\_

Location of Animals (if not at your address below): \_\_\_\_\_

Permission to Treat All Animals In Your Care: Yes / No

Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I am the owner or agent of the described animal/s and have the authority to execute this consent.

I request that Dr. Robin Soifer (dba Down To Earth Holistic Vet) and its agents perform the services which are necessary to the examination and treatment of the animals presented to them.

**I KNOW AND UNDERSTAND TO CONTACT MY REGULAR ATTENDING VETERINARIAN IN THE EVENT OF AN EMERGENCY.**

I also know that some therapies utilizing Traditional Chinese Veterinary Medicine and homeopathy may not be accepted as standard methods of treatment by the American Veterinary Medical Association.

The nature and purpose of the procedures and methods of treatment, risks involved and or possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

**I assume financial responsibility for all charges incurred to the patient for services rendered and understand that payment is required at the time of services unless otherwise pre-arranged payment options have been agreed upon.**

If the occasion arises where an appointment should need to be cancelled or rescheduled, the practice must be given a minimum of a 24-hour notice. Failure to do so, will result in a \$35 cancellation/reschedule fee.

**This agreement shall remain in effect until such a time a different agreement is executed.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_