



## Practice Terms and Conditions

Dr. Neely North is a licensed veterinarian, a certified veterinary acupuncturist, and a certified veterinary food therapist. When seeking care from this practice, clients are consenting to treatment of their animals with acupuncture, herbal remedies, essential oils use and applications, homeopathy, nutritional advice, behavior consultation, and referral for physical therapy.

All imaging, surgery, hospitalization, and procedures requiring a clinical facility will be referred to the practice most suited for the individual patient and client's needs.

Pharmaceutical (traditional veterinary medical drugs) care and vaccinations are not provided by this practice, and if the client requests these services they will be referred to the appropriate practice to serve their animal's needs.

The initial visit (which includes consultation and treatments) is \$400 (\$400 for in home visits + travel fee). After this, additional acupuncture sessions are \$175 (per pet) unless the session goes over one hour. After one hour, an hourly rate of \$175/hour starts. This fee may be applied if there are extensive follow up phone consultations (excluding routine email and phone reporting). Travel fees are additional and are quoted on the services portion of the website. Service estimates will be provided on request. (See [nashvilleholisticvet.com/patient-information/](http://nashvilleholisticvet.com/patient-information/) for more detail on appointments.)

Spinal Manipulation and adjustments are only available to patients who have provided spinal X-Rays from their regular veterinary doctor taken within the previous 12 months or since the pet started having back/neck pain.

Payment is accepted by cash, VISA, or MasterCard. Payment is expected at the time of invoice, which will be provided after the consultation.

Normal business hours are **9AM-5PM Monday - Thursday**. Routine communication will be delivered during these hours.

Prior to a patient's first appointment, all medical records from every veterinary practice the patient has been registered with are required to be emailed to [nashvilleholisticvet@gmail.com](mailto:nashvilleholisticvet@gmail.com). Medical records are necessary to properly evaluate health history for homeopathic treatment and to permit an efficient intake evaluation. If it is at all possible to obtain a copy of imaging and blood work results, please have these emailed as well.

Dr. North is a sole practitioner with no support staff. She is not equipped to respond quickly when pets have immediate needs. By initialing here \_\_\_\_\_ I acknowledge this and state that I will call my regular veterinarian if my pet has a medical problem. Even if this problem is perceived to be an issue with a food change or herb started by NHVC, I acknowledge that Dr. North is not available for immediate needs and that I need to contact my regular vet or an emergency vet as well as emailing Dr. North about what is going on with my pet.

Email is to only be used for routine communication. Emails will be checked several times a week, but this varies with appointment schedules and practice caseload.



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**NASHVILLE HOLISTIC**  
**VETERINARY CARE**

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nashvilleholisticvet.com  
(615) 601- 2692

As previously stated, Dr. North is a sole practitioner with limited time for administrative duties. The preferred form of communication is by email which Dr. North will reply within 36 hours during the business hours of Monday - Thursday 9AM-5PM. If a client needs to change an appointment, has a question or other need, the communication should be via email to [nashvilleholisticvet@gmail.com](mailto:nashvilleholisticvet@gmail.com). Please do not leave a voicemail or text message for communication. Please initial here \_\_\_\_\_ to acknowledge you have read and agree to the previous statement.

Please sign below to confirm you have read the entire above practice terms and conditions.

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

Printed Name \_\_\_\_\_



## Cancellation Policy

Nashville Holistic Veterinary Care is committed to providing exceptional care. Unfortunately, when one patient cancels without giving enough notice, they prevent another patient from being seen. Please contact us within 48 business hours prior to your scheduled appointment to notify us of any changes or cancellations. (Note, if your appointment is scheduled for a Monday and you need to cancel or reschedule we must be notified by that Friday before.) If prior notification is not given, you will be charged \$50 for the missed appointment. No shows and late cancellations will result in forfeiting your initial deposit.

Dr. North will require a Credit Card to be held on file in order to confirm appointments. This card will be used to charge the cancellation fee for a missed appointment.

Please check the box to confirm you have read and agree to the previous statement.

Please sign below to consent to these terms.

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

Printed Name \_\_\_\_\_



## Digital Media Release Form

I give Nashville Holistic Veterinary Care consent to record, videotape, and photograph my image and/or voice and my pet(s) image to be used in any and all of its publications, including web-based publications and social media channels, without payment or other consideration.

I hereby irrevocably authorize Nashville Holistic Veterinary Care to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. I waive any right to royalties or other compensation arising or related to the use of the photo.

Please indicate your preference below.

Yes. I give Nashville Holistic Veterinary Care permission.

No. I do not give Nashville Holistic Veterinary Care permission.

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

Printed Name \_\_\_\_\_



## Credit Card on File Agreement

Nashville Holistic Veterinary Care has implemented a new credit card policy. Dr. North will ask that a credit card be on file that may be used later to pay any balance that may be due on your bill.

At the first appointment, your credit card information will be obtained and kept securely. This card will only be used in the event of a missed appointment (see Cancellation Policy) or with your consent to pay for any invoices due.

If you have any questions about our policy, please do not hesitate to ask. By signing below, I authorize Nashville Holistic Veterinary Care to keep my signature and my credit card information securely on-file in my account.

If the credit card that I give today changes, expires, or is denied for any reason, I agree to immediately give Nashville Holistic Veterinary Care a new, valid credit card which I will allow them to charge over the telephone. Even though Nashville Holistic Veterinary Care is not processing the new card in person, I agree that the new card may be used with the same authorization as the original card I presented.

Circle one:      Visa                      MasterCard                      Discover                      American Express

Name(Print): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card(Print): \_\_\_\_\_

Last Four Digits of Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Credit Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_