

# 龍 HEALING HANDS PET ACUPUNCTURE, PLLC

Karen Mitchell Lanz, DVM  
502-424-6274

*Thank you for the opportunity to care for your pet.  
Please complete this information sheet for your pet's medical record.*

## OWNER INFORMATION:

Owner's name \_\_\_\_\_ Spouse/Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Employer's Name/Address \_\_\_\_\_

*I request that Dr. Karen Mitchell Lanz perform the services that are necessary to the examination and treatment of the animal(s) presented by me. I am the owner or agent for the owner of the described animal(s) and have authority to execute this consent.*

- I authorize Dr. Lanz to examine the animal(s) and to administer medical treatment that is considered therapeutically and/or diagnostically necessary on the basis of the examination findings. I, therefore, hereby consent to and authorize the performance of such procedures as deemed necessary and desirable in the veterinarian's professional judgment.*
- I understand that the treatment of the patient(s) will be conducted with due care and in accordance with the prevailing standards of care in veterinary medicine. I certify that no guarantee or assurance has been made as to the results that may be obtained through the course of treatment undertaken by Dr. Lanz.*
- Accounts over 30 days past due shall pay interest at the maximum legal rate. I agree to pay all attorney's fees, interest, collection costs and other costs of litigation incurred in collection of past due accounts.*
- I understand that a written estimate for charges will be provided at my request. I also consent to the release of medical information to my referring/regular veterinarian.*
- I assume financial responsibility for all charges incurred to the patient for services rendered and understand that full payment is required at the time the services are performed.***

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Signature of Owner or Responsible Agent

Date

***Professional fees are due at the time services are rendered.***

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**Animal Information & Medical History:**

Animal's Name \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_

Date Of Birth Or Approximate Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered:  Yes  No

Color \_\_\_\_\_ Weight \_\_\_\_\_

Primary Veterinarian's Name \_\_\_\_\_

Current Medications, Including

Heartworm Preventative (Type) \_\_\_\_\_

Flea/Tick Control (Type) \_\_\_\_\_

Any other, please list name of medication, dose and frequency \_\_\_\_\_

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

**Diet:** Please list everything that your pet eats. Include specific brand names and amounts of dry food, canned food and commercial treats given per day. List all other "people" foods, as well, even if they are used for treats. I need to know all the things your pet eats. It can be very important in Traditional Chinese Veterinary Medical diagnoses.

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Other pertinent information you think I need to know \_\_\_\_\_

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