

Acceptance Form

Dear Friend,

We are honored that you are willing to trust us with the care of your animal. As you are likely already aware, our practice is not the usual. What we offer in terms of treatment is the use of homeopathic medicines and nutritional therapy (in the form of fresh food diets, vitamin & mineral supplementation, and food concentrates). We emphasize this form of treatment because we feel it is the most effective way of dealing with a wide variety of health problems that animals face. It is our opinion that homeopathic and nutritional therapy can be used to treat the same broad range of problems that are conventionally treated with drugs. It is also our experience that this is a very successful approach - one that this practice has studied and applied for over 10 years. However, not every problem can be successfully treated by us. Sometimes the disease is too advanced for our methods. Other times, we do not have necessary knowledge or experience. Occasionally, our methods fail in spite of our best efforts. We say this not to discourage you, but rather to honestly communicate our skills and also our limitations.

It is important, as we start working together, that you realize, regardless of the nature of the problem your animal has and in spite of the diagnosis or prognosis that you have received from another practitioner, we are going to use the above-mentioned methods and no other in the treatment of your animal. If it becomes your decision to have conventional drug therapy or surgery, we will refer you to another practice that can provide this rather than do this ourselves. If it is our opinion that for the well-being of your pet you should receive care from another practitioner or by other methods, we will also refer you for this care rather than provide it ourselves. If what has been presented here is acceptable to you and, indeed, what you wish for your pet, please sign the paragraph of acceptance that follows. Once signed, please send this to the above address or, if time is short, fax back to us at (480) 838-9734.

Declaration of Acceptance:

I have read the above explanation of the type of treatment offered by Desert Animal Wellness Center. I agree that this is what I want for my animal. I further state that I am not expecting any other treatment than what is described here.

Name: (print) _____ **Signature:** _____

Date: _____

Visa/MC (required for phone consults) _____ **exp**
date: _____