



HOLISTIC VETERINARY MEDICINE
PO BOX 9281 CALABASAS, CA 91372
(310) 800-1495
WELLNESS@VITALEQUINE.US
WWW.VITALEQUINE.US

HOLISTIC EXAMINATION, TREATMENT CONSENT FORM AND CLIENT VERIFICATION OF
CONCURRENT TRADITIONAL VETERINARY CARE

I, _____ owner of the animal described below, and being eighteen years of age or older, do understand, substantiate, and authorize the following:

- 1) Dr. Rhiannon Fenton is a Doctor of Veterinary Medicine, licensed in the care of animals. She has studied more than several hundred hours of combined education comprising Natural Balance Dentistry, Animal Chiropractic, Acupuncture, Massage Therapy, Homeopathy, Herbal Therapy, Whole Food Nutrition, Reiki and other forms of holistic care.
- 2) The aforementioned holistic treatments (Natural Balance Dentistry, Chiropractic, Acupuncture, Massage Therapy, Reiki etc.) are **NOT** intended to replace traditional veterinary care, but are considered Complimentary Therapies, to be used concurrently and in conjunction with Traditional Veterinarian care.
- 3) I understand that there is minimal research supporting the clinical efficacy of many forms of holistic care provided by Dr. Fenton, and that any or all aspects of my animal's care may be used in future research data, as case studies, and presented by Dr. Fenton at her discretion in the form of writing, picture, video or other as examples of the work she does either on her website, social media or other various publishable outlets. I release Dr. Fenton of all liability in the use or documentation of my animal's case and progress with perpetuity.
- 4) Dr. Fenton has explained to me the scope of her care, and described the procedures she will perform on my animal. I understand those procedures and acknowledge their use and limitations.
- 5) Dr. Rhiannon Fenton has explained there can be no guarantee as to the nature of my animal's condition or the outcome of any procedure.

I hereby authorize Vital Equine, and in particular, Dr. Rhiannon Fenton, D.V.M., to treat my animal with Integrative Medicine. I certify that my animal has had routine, traditional veterinary care up to this point from my current veterinarian below:

Veterinarian: _____ Phone #: (____) _____

Address: _____

I certify that I have been open and honest with Dr. Fenton as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animal's conditions. I have read this authorization form, understand it, and give my consent to examine and treat:

Patient (Animal's) Name: _____ Breed: _____ Age: _____

Owner's Name: _____ Phone: Cell _____ Home _____

Address: _____ City _____ State _____ Zip: _____

Animal's Location: _____ Trainer: _____ Phone: _____

Signed: _____ Date: _____

VITAL  EQUINE

HOLISTIC VETERINARY MEDICINE
DR. RHIANNON FENTON, D.V.M.
P.O BOX 9281
CALABASAS, CA 91372
EMAIL: WELLNESS@VITALEQUINE.US
WEBSITE: WWW.VITALEQUINE.US PHONE:
(310) 800-1495

Welcome and thank you for choosing Vital Equine Holistic Veterinary Medicine, Inc!

Dr. Rhiannon Fenton, DVM, CAC, CVA, CVFT, EqNBD, ACN concentrates her practice in the diagnosis and treatment of each patient by using Eastern and Western Veterinary Medicine. Blending multiple forms of medicine allows for a greater approach and overall outcome. Holistic approaches are not sufficiently researched and are not recognized by conventional medicine. Participants must recognize this and proceed with the understanding of no promises of benefit can be made. Holistic healing is a cooperative, team effort and we agree to use our knowledge to do our best to assist your pet's health to improve. Where recovery is not possible, we concentrate on improving quality of life.

Please excuse the formality of this document, but we have found that this information works to ease communication and strengthens the client-patient-doctor relationship by being clear and concise from the beginning, forthright about expectations and Vital Equine Practice Policies. The information herein contained is provided to better help you plan for and be prepared for our experience together. Thank you again for your interest!

Hours of availability for phone calls, texts and emails are *strictly during these hours only*:

Monday 10-5

Tuesday 10-5

Thursday 10-5

Friday 10-2

Wednesday and Weekends CLOSED

**** Everything is by appointment ONLY****

Dr. Fenton & Vital Equine, Inc. **do not take emergencies at any time.** It is mandatory that you have a concurrent traditional vet for your horse in case of an emergency and for routine traditional vet care.

Yours in Animal Healing,

Dr. Rhiannon Fenton, DVM/Vital Equine Inc.

NEW PATIENT TERMS AND CONDITIONS:

WHAT DR FENTON NEEDS FROM YOU:

Please have **ANY** and **ALL** recent blood work, urinalysis, x-rays, ultrasound, MRI, bone scan, CT scan, cultures, ACTH stimulation test results or any other recent diagnostics performed, and all recent exam notes from your previous/current veterinarian available for review by Dr. Fenton **ASAP**. She will be reviewing everything prior to meeting with you. This is absolutely mandatory for **ALL** patients.

All records and forms should be in the possession of Dr. Fenton **3-4 days BEFORE YOUR APPOINTMENT**. Please email or snail mail all information / copies / signed agreements to:

Wellness@vitalequine.us

OR

Vital Equine
PO BOX 9281
Calabasas, CA 91372

PRICING AND WHAT TO EXPECT:

Travel fees apply to all visits. Cost is \$2.50/mile traveled round trip (not one way) from Calabasas, CA 91302.

Please keep in mind, initial appointments are very thorough and can take approximately 1-3 hours in length depending on individual services selected below.

- Traditional Physical Exam \$95 (mandatory for all new patients and those patients not seen within one year's time.)
- Initial Consult \$350 (Includes review of patient's history, previous diagnostic results/reports, current therapies being used and their effectiveness; discussion of goals; recommendations/referrals/ordering of further diagnostics when appropriate; diet/nutrition evaluation and dietary changes/recommendations as needed; applied kinesiology/muscle testing/reflexology; development of a treatment protocol for patient's issues i.e. nutrition, diet changes, herbs, acupuncture, chiropractic, drugs etc. This is a full body assessment and great for **ALL** veterinary issues and first time patients to help start getting to the root of the issue. Does not include cost of diagnostics, therapies, nutrition, food or products recommended.)
- Follow-up Nutritional evaluation/muscle testing \$200/session
- Acupuncture Initial \$275, repeat \$250
- Chiropractic/Applied Kinesiology/Bodywork Initial \$275, repeat \$250

- Chiropractic/Applied Kinesiology/Bodywork and Acupuncture \$475
- Electro- acupuncture \$275 (significant pain relief, musculoskeletal problems, lameness, back and neck pain, the list goes on) Usually need three sessions minimum.
- Autologous Blood Acupuncture \$175
- Acupuncture plus Autologous Blood Acupuncture \$325
- Neuro Emotional Technique \$225
- Laser therapy \$75-95
- Natural Balance Dentistry \$325 (additional sedation is \$45/each additional sedation)
- Vitamin B-12 injections \$40 used at the acupuncture points for increased benefit
- Adequan is \$95 and injected into the appropriate acupuncture point for increased benefit
- Legend \$135
- Homeopathic remedies, Nutritional supplements, Chinese Herbal Medicine and traditional/other medications vary according to each product.
- Ozone \$45-\$100 (eye drops, rectal, IV prices varies per administration)
- Sheath Cleaning \$75
- Diagnostics and lab services fees vary. General CBC Chem is \$265. All other panels i.e. Cushings, Metabolic profile, Infectious Diseases, PCR nasal swabs etc vary in price. Please inquire ahead of time.
- Hair Mineral Analysis with report and interpretation of findings \$300
- Health Certificates for Travel with Physical Exam \$250
- Coggins \$150/horse
- Treatment-at-a-distance/Phone Consultation is \$200. This is only available as a follow-up form of treatment after a physical exam is done in person by Dr. Fenton to establish the Veterinary-Client-Patient Relationship required by California Veterinary Medical Law (CVML). The in-person physical exam must be performed by Dr. Fenton each year in order to continue ongoing treatment from afar per CVML.

I understand and accept there are no returns for ANY and ALL products bought.

Signature:

By signing below, I acknowledge and understand this is for holistic evaluation and treatment only, and that although significant improvement in the animal's condition may occur, Dr. Fenton/Vital Equine Inc. neither claims or promises a curative result. I have read, understood and agree to all aforementioned information herein this document.

Signature:

Date:

Vital Equine, Inc. Practice Policies

For the safety and well-being of your pet, please initial each statement below:

_____ I understand and accept that it is my responsibility to follow through completely with Dr. Fenton's healing protocol(s) and that improvement/progress takes time and patience.

_____ I agree and accept that healing my pet requires effort and work on my part after Dr. Fenton concludes our appointment(s).

_____ I currently have and will keep a traditional vet for emergencies/after hours needs for my pet.

_____ If my pet needs emergency or after hours care with another vet while under Vital Equine/Dr. Fenton's care, I will provide copies of medical records to Vital Equine/Dr. Fenton of what my pet had done.

_____ During nutritional consults specifically, if nutrition is not ordered through Standard Process Patient Direct Online, Wellevate, TEI labs, Thorne, or the platforms by which Dr. Fenton specifically provides me etc. within 3 days after a nutritional consult, it is considered non-compliance and I understand and accept Vital Equine, Inc/Dr. Fenton reserves the right to terminate our patient/client relationship without further notice.

_____ Any nutrition, supplements etc. Dr. Fenton prescribes or recommends, I will not purchase through other doctors, healthcare professionals, online stores, health food stores, amazon, retail stores, etc.

_____ I am 18 years of age or older, the owner or authorized caretaker of said patient on these forms and competent, of sound mind, with the mental capacity to understand all Vital Equine Practice Policies and abide by them.

I understand and accept that Dr. Fenton reserves the right to decline clients and/or terminate the patient/doctor/client relationship with those who:

_____ are not a match for the teamwork/holistic medicine approach and want a quick fix/band-aid.

_____ fail to inform Dr. Fenton of other treatments/medications/injections/surgeries etc taking place at any time in an effort to avoid contraindications from occurring and help maintain the safety and progress of my pet.

_____ are non-compliant with medical recommendations, treatment plans or protocols after *any* appointment takes place with the understanding that this inhibits best medicine practices and the potential for healing to appropriately occur.

_____ are non-compliant with any Vital Equine Practice Policies set forth herewith in the entirety of this new patient form.

Vital Equine, Inc. 24 Hour Cancellation Policy

All cancellations must be phoned in or texted at least 24 hours in advance as a courtesy with the exception of inclement weather (rain/wind/fire/natural disaster) or medical emergencies for you or the animal involved.

By signing below you agree and accept that if you do not make the cancellation 24 hours in advance to your appointment date and time, you will be charged \$150 to your credit card on file. You are also accepting that you will not be given access to future appointments until the \$150 is paid in full.

We apologize to have to institute such a policy, but it is with the intent to have respect for everyone's valuable time. Thank you in advance for your understanding and continued support.

Signature:

Date:

New Patient Information Sheet

Owner's name:

Owners address:

Owner's telephone number:

Email:

Horse's physical address:

Horse's name:

Breed:

Sex:

Age:

Color:

Primary Veterinarian's name:

Primary Veterinarians phone number:

Farrier:

Phone:

A. Basic History:

1. Current problem (s):
2. Previous/historical problems:
3. Results of diagnostic tests? (Please also have actual copies of results available via email or at appointment)
4. Current treatments/drugs being used? Duration of treatment? Prescribing veterinarian?
5. Allergies?
6. Any vaccines and dates administered? Are you interested in having a vaccine detox for your horse(s)?

7. Fly control used?

8. Dewormer used?

Are you interested in getting away from chemical dewormers and using a holistic protocol that includes a fecal egg count and use of herbs/immune stimulants to minimize stress and parasite burden?

9. Current diet (Please list everything in as best detail as possible—How many feedings received/day, time of day, supplements, treats, herbal remedies/products etc):

10. Any history of accidents or trauma?

11. Any chronic diarrhea/GI concerns?

12. Any chronic or recent coughing/sneezing/respiratory concerns?

13. Any change in drinking or urinating (amount of frequency):

14. Is your animal a “big” drinker:

15. Describe in detail any chronic or recent skin problems:

16. Describe in detail your animal’s appetite/eating habits:

17. Describe any specific orthopedic concerns:

18. Does he/she prefer hot or cold places (i.e. loves sun bathing or cool place under trees in shade

19. Any surgeries performed on him/her? When?

20. What are your goals and expectations for this horse's problem(s) today?

B. Horse's lifestyle/environment:

1. Type of housing (box stall, pipe corral, pasture, paddock, etc.)

2. Are there other horses in the environment that your horse can interact with? If so what is the relationship between the horses? (Friendly, aggressive, kicking, biting?)

3. Other animals in the environment?

4. Has the horse recently moved? If so where was the horse before and what type of housing?

5. Exercise/Discipline (hours/week ridden, hours per week in turn-out if applicable, type of exercise equipment used – bit type, martingale, surcingle, etc.)?

C. Behavioral History:

1. Shying, how often and at what?

2. Any phobias, anxieties, fears etc?

3. Head shy? Under what conditions? When did it begin?

4. Resentful of grooming or being touched? If so, where or under what circumstances?

5. Aggression toward humans or animals (dogs, cows, etc)?

6. Aggression towards other horses? (threatens, strikes, kicks, chases, bites)?

7. Misbehavior under saddle (check or highlight any that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Moves while rider mounts | <input type="checkbox"/> Tries to bite when being cinched | <input type="checkbox"/> Slow to leave and quick to return home |
| <input type="checkbox"/> Backs in harness | <input type="checkbox"/> Cannot be separated from other horses while on trail ride or acts up | <input type="checkbox"/> Hard to keep on right or left |
| <input type="checkbox"/> Bucks | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Rears | | _____ |
| <input type="checkbox"/> Runs away | <input type="checkbox"/> Will not walk in water, water puddles, dark colored cement, paintings on the ground | _____ |
| <input type="checkbox"/> Evades the bit Plays with tongue or opens mouth while being ridden | <input type="checkbox"/> Wants to lead or will only follow other horses | _____ |

8. Barn Vices (check or highlight any that apply)

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cribs | <input type="checkbox"/> Paws | <input type="checkbox"/> Kicks stall |
| <input type="checkbox"/> Chews wood | <input type="checkbox"/> Wind sucks | <input type="checkbox"/> Paces |

9. Sexual Behavior (circle or highlight if applicable)

- | | | |
|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Inadequate | <input type="checkbox"/> Explain: |
| <input type="checkbox"/> Excessive | <input type="checkbox"/> Abnormal | |

10. Maternal Behavior (circle or highlight if applicable)

- | | | |
|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Inadequate | Explain: <input type="checkbox"/> |
| <input type="checkbox"/> Excessive | <input type="checkbox"/> Abnormal | |

D. Dental History:

1. Date of last dental service and name of dentist who last provided dental services?

2. Was your horse power floated or hand floated?

3. Have any vaccines been given in the past two weeks or plan to be given within two weeks of dental services to be performed?

- 4a. Is your horse on any medications or herbal formulas? If so, which ones?

- 4b. Has your horse had any Tildren or Osphos injections? If so, please give EXACT dates and number of times given.

5. Does your horse have a history or known reaction to any drugs or sedatives? If so which ones? What type of reaction occurs?

6. Is your horse a “lightweight” when it comes to drugs?

7. Are you having any issues with this horse when asking him to perform? (i.e. keeps his head set up high when you want collection, goes behind the bit, won’t open his mouth for the bit, can only bend left or right, hard picking up canter to one side, can’t engage hind end and lift up his back, etc?)

8. Are wads of food falling out of the horse’s mouth?

9. Do you think your horse is in any pain to eat? Why?

10. Any recent weight loss or weight gain?

11. Is this horse allowed to graze on natural grasses?

12. How is your horse fed? (i.e. upright/corner feeder, slow hay net, ground, porta-grazer etc?)

13. Has your horse ever had a negative experience with dentistry before? If so, what happened?

*****If you are having a dental done on your horse, please have all food removed 1 hour prior to the appointment. THANK YOU!*****

Please describe any other concerns/information not already addressed:

Thank you for taking the time to fill out this new patient form. The more thorough information you provide, the better you and your pet will be served!

--Dr. Fenton/Vital Equine Inc.

Authorization to Charge Credit Card (REQUIRED)

- I authorize Dr. Rhiannon Fenton, DVM/Vital Equine Inc. to charge the below stated credit card for any and all veterinary services performed with a 3.5% convenience fee. I understand I have the option to pay with cash, check, venmo or zelle at the time of the appointment, but credit card info must be kept on file for cancellation fee purposes or special orders of products that Dr. Fenton may need to make for my pet.
- I agree to pay for all charges accrued for any and all veterinary services including cancellations not made within the 24 hour time period agreement policy.
- I agree to pay all fees and charges in accordance with my cardholder's agreement.
- I understand that this is for holistic evaluation and treatment only and that although significant improvement in the animal's condition may occur, Dr. Rhiannon Fenton/Vital Equine Inc. does not claim nor promise a curative result.
- I understand payment is collected at time of service without exceptions.

Your signature:

Today's date:

Visa, Mastercard and American Express are accepted.

Credit Card Number:

Expiration Date:

Security Code (3 digits on back of card):

Billing Zip Code:

Name as Stated on Card:

Cardholder's Billing Address:

Cardholder's Email Address:

Cardholder's phone numbers: