



Veterinary Healing Arts, LLC
Highlands Ranch, CO
(720) 244-2198
<https://www.veterinaryhealingarts.com>

Owner's Name: _____
Last First Middle

Address: _____
Street Address City Zip Code

Cell: (____) ____-____ Home: (____) ____-____ Work: (____) ____-____

E-mail Address: _____

Pet's Name: _____ [] Dog [] Cat Breed: _____

Birth Date/Age: _____ [] Male [] Neutered [] Female [] Spayed

Vaccinations & Date given: _____

Current Diet/Treats: _____

Medications: _____

Supplements: _____

Medical History: _____

Any history of cancer? _____

Goal for treatment today: _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED.

In presenting my pet for evaluation and treatment today, I authorize Dr. Nancy Tharp of Veterinary Healing Arts, LLC to administer such treatment as deemed necessary.

Signature: _____ Date: _____