



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 (non-homeopathic) 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 consultation is \$250, plus the cost of the travel fee. After this, additional acupuncture sessions are \$120 (per pet) unless the session goes over one hour. After one hour, an hourly rate of \$135/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.

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, Tuesday, and Thursday**. Routine communication will be delivered during these hours. Consultations are available outside of these business hours by request. By initialing here _____ you are acknowledging that you understand routine communication about your pet, appointments, diet, herbs, etc will be during these hours only.

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. 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.



NASHVILLE HOLISTIC
VETERINARY CARE

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 MTR 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. 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 _____



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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 notify us 48 hours prior to your scheduled appointment to notify us of any changes or cancellations. If prior notification is not given, you will be charged \$50 for the missed appointment.

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 _____