

GUIA VITA HOMEOPATHIC CLINIC

Guia Vita - Melendres BSMT, MD(Phils.), DHMHS, HOM
Homeopath
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Patient Consent Form for Pets

As you are aware, I am a fully qualified Homeopath, not a Veterinarian. I offer strictly homeopathic treatment to address a wide variety of health problems that are conventionally treated with drugs. Please be aware that 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, I will use homeopathy and no other method in the care of your animal. If it becomes your decision to pursue conventional drug therapy or surgery, please do not hesitate to let me know. If I feel that for the wellbeing of your pet you should receive care from another practitioner or by other methods, I will let you know.

By signing below, you acknowledge that you understand that our homeopathic consultation is to provide homeopathy for your pet and that it is your decision to treat your pet accordingly.

I, _____

(please print name)

at the following
address: _____

willingly consent to homeopathic treatment for my pet by Guia Vita-Melendres, a qualified Homeopath and certified by the College of Homeopaths of Ontario. I confirm that there has been no suggestion made to me by Homeopath Guia , or by anyone under her direction to prevent me from seeking or following allopathic treatment. The decision to seek homeopathic treatment is solely my decision and I understand that I may still seek the treatment of a Veterinarian or any other health practitioner at any time.

I understand the cost of treatment and agree to pay my account according to the guidelines set by my homeopathic practitioner and that all fees are NON-REFUNDABLE. I understand that it is my responsibility to pay my homeopathic practitioner directly, and to make any insurance claims on my own behalf.

I understand that all information disclosed is confidential and remains within the property of this professional office.

Patient signature _____

Dated: _____

Witness: _____