



CARE Veterinary Services PLLC  
Jessica Marziani, DVM, CVA, CVC, CCRT  
(832) 356-9434  
www.carevetservices.com  
carevetservices@gmail.com

## Welcome to CARE Veterinary Services

### **Initial Consultation: \$298**

During the initial consultation, Dr. Marziani will discuss what treatment options maybe best for your pet. Generally, 3-5 treatments are needed before deciding if chiropractic and/or acupuncture are the right form of treatment for your pet. For improved initial patient response, we recommend scheduling at least 3 appointments when confirming the initial appointment. Most small animal initial appointments run 60 to 90 minutes. Follow up appointments are generally shorter in length than the initial appointment and continue to become shorter as the patient improves. Most maintenance treatments range from 15-30 minutes.

**Professional Services fee:** after initial consult, fee is based on length of treatment session.

- **\$72 per 15 minutes**
- **\$136 per 30 minutes**
- **\$186 per 45 minutes**
- **\$250 per hour**

### **Clinic location:**

Appointments are seen at Central Houston Animal Hospital (CHAH) at 1638 Westheimer Rd, Houston, TX 77006 on Tuesday and Wednesday. All scheduling is through CARE while charges at the clinic are through CHAH.

### **How to schedule:**

Ready to schedule an appointment? Email [carevetservices@gmail.com](mailto:carevetservices@gmail.com) and let us know you are ready to schedule by returning the included paperwork and any associated veterinary records.

***\*In order to be able to best serve our current clients, we are utilizing a wait list for new clients. You are welcome to add your name to the wait list, but we cannot give a time frame for when you may be able to schedule. You will not be added to the wait list or scheduled until all paperwork is completed and returned.***

When an appointment slot becomes available, confirm that the time works or does not work for you right away. If we do not hear a response, we will need to move onto the next patient on the wait list. Once confirmed which available time works for you, we will add you to our schedule and send you a google calendar invite. Please confirm the google calendar invite to confirm your appointment and to provide you appointment reminder alerts.

### **Preparing for your initial appointment:**

Prior to your initial appointment, please have your pets veterinary records including any imaging emailed to [carevetservices@gmail.com](mailto:carevetservices@gmail.com). Also, complete and return the initial patient forms which can be found on [www.carevetservices.com](http://www.carevetservices.com) contact page. These items need to be sent prior to your initial visit for Dr. Marziani to review, not providing these in advance could decrease available treatment time during initial appointment.

### **Missed appointments/ Late policy:**

We have a 24-hour cancellation policy. Any cancellations under 24 hours or no-shows will be charged the amount of their scheduled visit. Arriving late to a scheduled appointment maybe considered a missed appointment depending on how late you are. Because some appointments are only scheduled for 15 minutes and the schedule is completely booked being even 5 minutes late may forfeit your appointment.



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### Credit Card Authorization Form

In order to schedule an appointment this form must be returned. Your credit/debit card will not be charged to hold your appointments. However, if you DO NOT show for your appointment or cancel with less than 24 hour notice, your account will be charged depending on the length of time of your scheduled appointment time.

**Name on the card:** \_\_\_\_\_

**Type of card:** \_\_\_\_\_

**Account number:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_

**Security code:** \_\_\_\_\_

**Billing zip code:** \_\_\_\_\_

By signing this form, you authorize CARE Veterinary Services (charged through either CARE Veterinary Services or Central Houston Animal Hospital) to charge your card for any missed appointment fees that incur if you do not notify [carevetservices@gmail.com](mailto:carevetservices@gmail.com) prior to 24 hours of your scheduled appointment time or if you miss your appointment time. All charges are non-refundable, including for unused rehab package sessions.

**Printed name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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### **Client Information Form**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Best number to reach you at: (\_\_\_\_\_) \_\_\_\_\_ Receives text messages Y/N?

Alternative number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear of us: [ ] Online (which website?) [ ] Referral (whom should we thank?)

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CARE Veterinary Services requests that you notify us immediately if you need to change or cancel your appointment. We do our best to be able to see as many patients as we can, but still have a wait list for our appointments. We understand if you need to cancel, but we ask you to do so at least 24 hours in advance so that we are able to fill your appointment time. Any last-minute cancellations, no shows or missed appointment times due to late arrival will be charged the scheduled appointment time fee.

*I understand and agree to CARE's cancellation policy of 24 hours' notice. If I am unable to cancel my appointment without 24 hours' notice or miss an appointment time, I agree to pay a cancellation or no-show appointment fee.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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## **Consent Form**

Chiropractic, Acupuncture, Rehabilitation therapies, Massage, Herbs and Homeopathy are considered alternative therapies by the Texas Board of Veterinary Examiners and the Texas State Veterinary Medical Association.

I have discussed with Dr. Marziani the treatment options available for my pets, both traditional/conventional therapies offered by my regular veterinarian and alternative therapies. After consultation, I understand the treatment and the risks involved in alternative therapies. Dr. Marziani has encouraged me to discuss any concerns that I may have about risks before treatment and anytime throughout treatment.

While I accept that all procedures will be done to the best of Dr. Marziani's abilities, I understand that no guarantee or warranty has been or will be made regarding the results that may be achieved.

I, the undersigned owner or agent, of the pets identified below, consent to all future examinations and treatments of my pets by Dr. Marziani using alternative therapy methods. My signature on this form indicates that: (a) any questions I have regarding alternative therapy have been answered to my satisfaction; and (b) my consent to any future treatments will only be provided after receiving information from Dr. Marziani on conventional treatments available and their probable ability to cure the problem.

I give consent for all future alternative therapy treatment for the following pets:

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Signature of owner or agent of the above named pets:

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Printed name of owner or agent of the above named pets:

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Date:

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## **Patient Information Form**

Name: \_\_\_\_\_  
Owner: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_  
\_\_\_\_\_ Species (cat, dog, etc.) \_\_\_\_\_ Breed \_\_\_\_\_  
\_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_  
Male  Female  Spayed/neutered? Yes  No

***Please have any records and radiographs pertaining to current problem/illness or previous lameness/musculoskeletal problems emailed to Dr. Marziani prior to your initial appointment.***

Primary care veterinarian \_\_\_\_\_  
Do you want Dr. Marziani to follow up with your primary care veterinarian? Yes  No   
If yes, Veterinarian's email address: \_\_\_\_\_  
Does your pet have allergies? Yes  No   
Has your pet ever had a reaction to vaccines or medications? Yes  No   
If yes, what? \_\_\_\_\_

What is your main concern with your pet today? Please explain details including length of time for this concern, how you believe it started and what you have tried to help your pet with this concern and if that helped or not.

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List any other medical problems we need to be aware of:

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List any major surgeries your pet has had:

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List any behavior problems we need to be aware of:

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List any foods and treats you give your pet (brand and protein source):

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List any medications and supplements you give your pet (brand, quantity and frequency):

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Please mark the 5-10 traits that are most consistent with your pet's personality.

Decisive	Joyful	Relaxed/laidback	Quiet	Careful
Assertive	Lively/excitabile	Sociable/friendly	Loves order	Fearful
Confident	Communicative	Round & Large	Aloof	Curious
Strong	Very friendly	Loyal	Obeys rules	Slow
Impulsive/impatient	Affectionate	Serene	Symmetrical	Hides
Athletic stamina	Loves to be petted	Balanced	Disciplined attitude	Meditative
Alpha animal	Center of attention	Worrisome	Good hair coat	Self contained
Bites		Motherly		Consistent

What does your pet prefer?

Laying in the sun, seeking warm spots	Laying in the shade, seeking cool spots
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Any changes in the following for your pet?

Water intake	Vomiting	Stool quality	Appetite	Urination
Temperature preference	Skin and hair coat	Coughing or sneezing	Sleeping patterns	Mentation
Body condition	Muscle condition	Activity level	Mobility	Performance

Please explain any of the above changes, including onset, duration and treatments tried (please continue on the back if needed, being as detailed as possible):

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