



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 initial appointments run 30 to 90 minutes so please allow time in your schedule for an extended visit if needed. 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.

Follow-up appointments: 15 minutes \$77
 30 minutes \$147 (minimum charge for acupuncture only)
 45 minutes \$199 (minimum charge for electro-acupuncture)

Clinic location:

Appointments are seen at Central Houston Animal Hospital (CHAH) at 1638 Westheimer Rd, Houston, TX

How to schedule:

Prior scheduling your initial appointment, ***please have your pets' veterinary records including any imaging emailed to carevetservices@gmail.com***. Also, complete and return the included initial patient forms as completely as possible. These items need to be received prior to scheduling your initial visit for Dr. Marziani. You will be emailed a payment link as soon as your appointment is booked. This is a deposit to hold your appointment and will be credited towards your initial exam.

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.

Client Information:

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Mobile: (_____) _____ Email: _____

How did you hear of us: _____



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Consent Form

The following agreement is made between CARE Veterinary Services, Central Houston Animal Hospital Rehabilitation and Pain Management department, and the person represented below.

I hereby authorize rehabilitation and holistic pain management to be performed on my animal. I have been informed of possible complications and the anticipated prognosis. I acknowledge that acupuncture, herbs, rehabilitation therapies, massage and spinal manipulation (chiropractic) are considered alternative therapies by the Texas Board of Veterinary Examiners and the Texas State Veterinary Medical Association.

Alternative therapies will be performed by Dr. Marziani of CARE Veterinary Services. Rehabilitation therapies will be performed by Kristina Adourian, LVT, CCRP and the rehab team under direct supervision of the veterinarians at Central Houston Animal Hospital, specifically Jessica Marziani, DVM, CVA, CVC, CCRT.

I have discussed with Dr. Marziani and/or Kristina Adourian the treatment options available for my pet, both traditional/conventional therapies offered by my regular veterinarian and/or specialty veterinarian and alternative therapies. After consultation, I understand the treatment and the risks involved in alternative therapies. Dr. Marziani and/or Kristina have 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 and/or Kristina Adourian 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 representative, of the pet identified below, consent to all future examinations and treatments of my pet by Dr. Marziani and Kristina Adourian 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 and/or Kristina Adourian 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: _____

Signature of owner or agent of the above-named pets: _____ Date: _____



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Patient Information Form

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

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 If yes, what: _____

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.

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



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List any major surgeries your pet has had:

List any behavior problems we need to be aware of:

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

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/excitable	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):
