

Dr. Audra Sykes MacCorkle Holistic Home Care

Thank you for choosing my holistic care for your beloved animal. My philosophy: When I agree to take on your beloved animal companion as a patient I also agree to support your family through many potentially difficult decisions. My goal in life is to make this world a better place one day and one family at a time. My style of practicing holistic medicine may not be for everyone and at the same time there is not a person or animal that I have consulted with that I have not helped in some way. I look forward to fostering a professional and at the same time very personal relationship with your family. I became a veterinarian because I believed I could make a difference and I am making that difference every day. The below list of prices and services are for your information in order to better help you plan for and be prepared for our experience together. Thank you again for your interest in holistic healthcare.

Please email, mail, or fax all information / copies / signed agreements to:

Dr. Audra Sykes MacCorkle
11173 Tuxford Street
Sun Valley, CA 91352
Fax: 818-768-6404
draudra@mac.com

Please have any recent x-rays (you may check them out from the hospital but you must return them after our visit), ultrasound or other imaging reports, lab work such as blood, urine, cultures, ACTH stimulation test results as well as any other recent diagnostics performed, and all recent exam notes from your previous Veterinarian exams available for review. Each visit Dr. MacCorkle will perform either Acupuncture / Chiropractic / Energy Treatment or a combination of the three dependant on the animal and the evaluation results. Homeopathy and nutrition will be discussed as well.

Pricing and time schedule:

1) Initial Consult in the office or on phone with Dr. Audra MacCorkle: \$215
With a Healing Touch Associate Veterinarian: \$150
Consults are approximately 60 minutes in length and includes review of copied labs/reports/video etc. if/when mailed (please do not fax these items).

2) Follow up treatments in the office with Dr. Audra MacCorkle: \$150
Follow up treatments in the office with a Healing Touch Associate Veterinarian: \$125
Follow up house call visits: \$300 (visit is approximately 45-60 minutes in length).
Additional call fee may apply if total travel time is more than 15-30 minutes.

3) Emergency Initial Consult at home (only when availabilities on patient list): \$500 (visit is approximately 1.5 hours in length). Additional call fee may apply if total travel time is more than 15-30

4) Follow up phone consults: \$100 (consult is approximately 30 minutes in length). Includes two 5 minute follow up phone calls or email communications. Additional time is billed at \$200/hr.

5) Emergency rate is \$150 additional for appointments after 6pm and weekends.

6) At home euthanasia (including energy release treatment): \$400-\$500. I recommend you contact Guardian Animal Aftercare for transport and cremation services at 818-768-6465 or visit www.guardianaftercare.com for more information. Guardian Aftercare is an excellent service and provides FREE grief support to all customers.

Homeopathic remedies, nutritional supplements, herbal treatments, electro- acupuncture, moxa, physical therapy props / treatment programs & preparation, diagnostics (such as lab work and sample collection), medical procedures (such as expressing anal glands or 6 month complete physical examination), Veterinary letters or legal documentation (such as health certificates and vaccine dismissal letters) and any other services or products not mentioned in the above mentioned four menu items require additional fees.

Discounts for multiple pet households are made when more than one animal is being evaluated by Dr. MacCorkle on at least a routine or preventative schedule. Discounts for frequent visits/consults (such as steady once a week visits/consults for the same animal) are also available. Discounts generally range from \$25-75 per visit/consult and depend on the exact conditions of the arrangement. Discounts are a courtesy offered by Dr. MacCorkle and may be changed at any time with or without notice by Dr. MacCorkle.

By signing below I acknowledge that I understand that this is for holistic evaluation and treatment only and that although significant improvement in the animal's condition may occur Dr. Sykes MacCorkle does not claim nor promise a curative result.

Please excuse the formality of this document but I have found that this information works to ease communication and to strengthen the client-patient-doctor relationship by being clear and concise from the beginning.

Again, thank you for your interest in holistic veterinary medicine and all that it has to offer our animal companions (and us as non-human animals). Without those interested in the truth, the truth would never be found.

With much love and respect,

Dr. Audra Sykes MacCorkle, DVM

Authorization to Manually Charge Credit Card

I, _____, authorize Dr. Audra Sykes MacCorkle, DVM to charge the below stated credit card for all veterinary services and/or homeopathic and/ or nutritional phone consultations performed by her. I will be informed of the treatment plan, prognosis, and fees for proposed treatment plan during the initial consult. I understand that this is for holistic evaluation and treatment only and that although significant improvement in the animal's condition may occur Dr. Sykes MacCorkle does not claim nor promise a curative result.

Visa _____ Mastercard _____

Credit Card No. _____

Expiration Date _____

Security Code (3 digits on back of card) _____

Billing Zip Code _____

Name as stated on card _____

Please initial the appropriate statement:

1) I agree to pay for all charges accrued for veterinary services and/or homeopathic and/or nutritional phone consultations performed on my animal. _____

2) I agree to pay for all charges accrued for veterinary services and/or homeopathic and/or nutritional phone consultations performed for the benefit of _____, despite the fact that I am not the legal guardian of said animal. _____

I agree to pay all fees and charges in accordance with my cardholder's agreement.

Cardholder's Name: _____

Cardholder's Billing Address: _____

Email Address: _____

Cardholder's phone numbers: _____

Today's Date: _____

Cardholder's Electronic Signature: _____

Courtesy 24 hour Cancellation Policy for Dr. Sykes MacCorkle

All cancellations must be phoned in at least 24 hours in advance as a courtesy to other animals that need to schedule with Dr. Sykes MacCorkle. The **FULL** amount of the scheduled appointment (which translates into the amount of time booked for consultation with Dr. Sykes MacCorkle) will be charged to your credit card that is on file if the cancellation was not made within the requested timeframe. We apologize to have to institute such a policy but due to the current policy being abused and a limited amount of time available to see patients this new policy must be enforced. Thank you in advance for your understanding and continued support.

I understand the above and agree to be financial responsible if I do not cancel any appointment within the understood timeframe explained above.

Signature of animal's guardian

Please email (draudra@mac.com), mail, or fax completed forms to 818-768-6404 (note ATTN: Dr. MacCorkle on the fax cover letter if sending a fax). I prefer email or mail if possible. Thank you for your prompt response and cooperation.

New Patient Information Sheet

Animal Name:

Owner Name:

Breed:

Approx Weight:

DOB:

M/F:

Spayed/Neutered & date of surgery

- 1) Current problem/s:

- 2) Previous/historical problems:

- 3) Any vaccines & dates administered:

- 4) Current previous medications given (dosage & frequency):

- 5) Current previous diet (brand, how much & how often do you feed):

- 6) List any supplements & treats given:

- 7) Flea control used:

- 8) Heartworm preventative:

- 9) Microchip in place & number:

10) Any chronic or recent vomiting/diarrhea/GI concerns (lots of gas?):

11) Any chronic or recent coughing/sneezing/Respiratory concerns:

12) Change in drinking or urinating (amount or frequency):

13) Is your animal a “big” drinker?

14) Describe, in detail any chronic or recent skin problems:

15) Describe in detail your animal’s appetite/eating habits:

16) Describe, in detail your animal’s activities/exercises:

17) Describe any specific orthopedic concerns:

18) Relationship with other animals in household:

19) Relationship to new/unfamiliar animals:

- 20) Relationship to guest at the house:
- 21) Relationship to strangers in the home and away from home:
- 22) Does he/she settle down and go sit off to the side after company has been there for a while or does he/she insist on constant attention?
- 23) Does he/she prefer hot or cold places to rest (i.e. Loves sun bathing or tile floor)?
- 24) Is there any 2-hour period of time during the day when your animal always or almost always does something (i.e. Hungry at 11am everyday or wakes you up to go out at 3am)?
- 25) Any known allergies or bad reactions to medications/vaccines:
- 26) List any surgeries other than spay/neuter that your animal has experienced:
- 27) Describe the dental hygiene used for your animal (include dentals & dates):
- 28) Describe your animals sleep patterns:
- 29) Describe your animals behavior during sleep:
- 30) Describe any other concerns / information not already addressed on a separate sheet such as how well does your animal sleep, any serious fears such as of water, and does anything unusual make your animal's condition better or worse: