



# Serenity Therapeutics LLC

2715 E. State Route 89A Cottonwood, AZ

**928-899-0723** info@SerenityTherapeuticsLLC.com

## OWNER/CLIENT INFORMATION:

Date of Examination: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

## PET/PATIENT INFORMATION:

Name: \_\_\_\_\_ Dog/ Cat/ Other \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Pregnancies: Yes/No If so When? \_\_\_\_\_ Results? \_\_\_\_\_

still on property? \_\_\_\_\_

If so, describe bonding/issues? \_\_\_\_\_

Male/Neuter Female/Spay Last Vaccinated Date: \_\_\_\_\_

Please List ALL Medications/Vaccinations/Supplements used within last 6 months: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were these (meds/supplements above) for/to treat:

\_\_\_\_\_

\_\_\_\_\_

Known pre-existing medical problems: \_\_\_\_\_

Are copies of previous medical records available? Yes/No

When was last vet check? \_\_\_\_\_ Results? \_\_\_\_\_

When was last time dental care provided? \_\_\_\_\_

Location dental care provided? \_\_\_\_\_ Dentist Name: \_\_\_\_\_

What would owner like to accomplish from Neurofeedback? \_\_\_\_\_

\_\_\_\_\_

How long have you owned/been in care of this patient? \_\_\_\_\_



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What is the current level of activity/use of this patient? \_\_\_\_\_

How does patient perform around other animals? \_\_\_\_\_

\_\_\_\_\_ any unique bonding? \_\_\_\_\_

Where is the patient kept? \_\_\_\_\_

What is the patient eating? \_\_\_\_\_ Times per day? \_\_\_\_\_

Where has this patient been the last 60 days? \_\_\_\_\_ Have changes occurred since this time? \_\_\_\_\_ if so, please state. The more specific the more we can address the issue (s):

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If recently new to the home, please describe past history of owner, location, treatment, etc. the more we know, the more we can help \_\_\_\_\_

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Please list any other information that may be helpful when treating this patient \_\_\_\_\_

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## INFORMED CONSENT FOR TREATMENT

\*I \_\_\_\_\_ certify that I am owner of the above described animal, and I have authority to authorize treatment. I understand that all fees are due at the time services are performed. Serenity Therapeutics, LLC. reserves the right to discontinue services to anyone with an outstanding account balance. A \$30 NSF fee will be assessed to any returned checks. Any balance held over 30 days is subject to 3% finance charges.

If you choose to use EEG neurofeedback as part of your treatment, you need to be aware that there has been over 30 years of research since this was first developed. Although no guarantees or promises can be made that will make it effective, experienced clinician are usually reporting 80% to 90% improvement rates. Many patients have been found to no longer require medication for their disorder. However, in 10% to 20% of cases patients are unable to change their brainwave patterns in desired directions sufficiently to bring about adequate improvements.

EEG Neurofeedback can sometimes trigger emotions and/or memories. This can be part of the growth and healing process, however, it can, at times, become frustrating for the owner. Although side effects from neurofeedback are rare, they can occur. If they do occur they are usually redeemable relatively quickly. Some side effects that have shown in animals are as follows: calm/relax state, not hungry for a few hours, sleeping, yawning or stretching, may stumble while walking, increase of energy may also occur as each animal can respond different.

We strongly suggest that you leave your animal at home for the remainder of the day so that your animal can rest for a 24 hour period. Please no long distance traveling, showing, riding, rodeos, etc. that could cause increased physical exercise, stress, excitability, anxiety or fear.

I have read the above "Informed Consent for Treatment". I understand that there are usually significant improvements but that some patients do not improve, become worse before they become better, or may even, in very rare cases, find their problems have worsened. I hereby release Serenity Therapeutics, LLC. from any liability related to my treatment and to hold its staff harmless from any effects caused directly or indirectly from counseling or EEG neurofeedback.

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date