



Serenity Therapeutics LLC

753 North Main St, Suite B5, Cottonwood AZ 86326

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):

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

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 Bioregulation 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.

Bioregulation 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 Bioregulation.

Owner's Name

Owner's Signature

Date