Serenity Therapeutics LLC

753 North Main St, Suite B5, Cottonwood AZ 86326 **928-899-0723** info@SerenityTherapeuticsLLC.com

OWNER/CLIENT INFOR	MATION:				
Date of Examination:					
Name:				_	
Address:		City:		Zip:	
Contact Phone:					
Email:				_	
PET/PATIENT INFORMA	ITION:				
Name:	Registo	ered Name:			
Birthdate:	Co	olor:		Breed:	
				Pregnancies: Yes/N still on property?	
If so, describe bonding/	issues?				
Coggins Test Date:		Last Vaccinate	d Date:		
Please List ALL Medicat	ions/Vaccinations/S	Supplements u	sed within la	st 6 months:	
What were these (meds		ve) for/to treat	::		
Are copies of previous r	medical records ava	ilable? Yes/No)		
When was the last vet o	check?	Results	s?		
When was the last time	feet trimmed/sho	es?		Location?	
Ferrier?					
When was the last time	teeth floated or de	ental care prov	ided?		_
ocation dental care provided? Dentist Name:					

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What would the owner like to accomplish from Neurofeedback?						
How long have you owned/been	in care of this patient?					
What is the current level of activi	ity/use of this patient?					
How does patient perform aroun	d other horses/animals?					
	any unique bonding?					
Where is the patient kept/stalled	?					
What is the patient eating?	т	imes per day?				
Where has this patient been the this time? if so, please						
If recently new to the home, pleaknow, the more we can help	ase describe past history of ow	ner, location, trea	tment, etc. the more we			
Please list any other information	that may be helpful when trea					
FARM LOCATION/BOARDING STA	ABLE/TRAINER INFORMATION	 l:				
Trainer Name:	Trainer Phone Number:					
Farm Name:						
Farm Address:	City:	State:	Zip:			
Farm Phone Number:	Email:					

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INFORMED CONSENT FOR TREATMENT

to authorize treatment. I undo Therapeutics, LLC. reserves th	certify that I am owner of the above descertify that all fees are due at the time and right to discontinue services to anyone assessed to any returned checks. Any be	services are performed. Serenity e with an outstanding account
been over 30 years of research be made that will make it effe rates. Many patients have been	rofeedback as part of your treatment, yo h since this was first developed. Althoug ective, experienced clinician are usually r en found to no longer require medication are unable to change their brainwave pa equate improvements.	th no guarantees or promises can reporting 80% to 90% improvement of their disorder. However, in
and healing process, however from neurofeedback are rare, quickly. Some side effects that	etimes trigger emotions and/or memorie r, it can, at times, become frustrating for they can occur. It they do occur they are t have shown in animals are as follows: o or stretching, may stumble while walking	the owner. Although side effects e usually redeemable relatively calm/relax state, not hungry for a
can rest for a 24 hour period.	leave your animal at home for the rema Please no long distance traveling, showi cise, stress, excitability, anxiety or fear.	
improvements but that some may even, in very rare cases, LLC. from any liability related	ned Consent for Treatment". I understand patients do not improve, become worse find their problems have worsened. I he to my treatment and to hold its staff har inseling or EEG neurofeedback.	e before they become better, or reby release Serenity Therapeutics,
Owner's Name	. ————————————————————————————————————	