

DIANE K. WAGNER, V.M.D.



Elemental Equine Services, LLC

I, _____ am the owner/caretaker of the horse(s) named herein, _____.

I acknowledge that I approve the use of alternative veterinary therapies, including but not limited to acupuncture, chiropractic, and homeopathy, in the treatment of the above named horse.

Dr. Diane Wagner has informed me of the conventional treatments available and their probable ability to cure the above horse's condition. I understand that this statement will become a permanent part of this horse's patient record.

In addition, I acknowledge that payment is due to Diane K. Wagner, V.M.D. when services are rendered. I agree to pay a \$20 service fee on any check returned for insufficient funds. I also agree to pay the service charge of \$5.00 per month, which will be added to any outstanding balance after 30 days.

Signed: _____ Date: _____