

Mother's Name:			A Golden Birth
Phone:	_ Email:		I Colmi Lodd
Address:			
Name of partner who may contact me about you	ur placenta:		
Baby's Due Date:	Planned Birth Place:		
Name of your Midwife or OB/GYN:			
Will this be your first birth? ☐No ☐ Yes	Are you allergic to latex?	No 🗌 Yes	
Do you have any food or environmental allergic	es? No Yes (please list):		
Have you had any of the following during this p			n treated, make a note in
the "Other" Category if you have a history of th			
None Group B Strep (GBS+) H	lepatitis A/B/C MRSA	J HSV □ HPV □ Ur	inary Tract Infection (UTI)
Other STD/STI (Chlamydia, Gonorrhea, H	(IV, other) Other Infections	s/Diseases (please list):	
Do you have any health complications? Are you taking any medication?			
In-home preparation requires two visits to components up the placenta from your birth place I choose to have my placenta encapsulated: Choose the Encapsulation Method Raw Foods: sliced raw and dehydrated at 160 – I choose this method of preparation for my place	e on the day your baby is born a in my own home kitchen. (Extra-145 degrees. Traditional Metho	nd return the completed cap ra \$50 for in home prep)	sules to you when I am finished. in my placenta encapsulator's kitchen. odrated at 145 degrees.
If TM: Herbs to add During Steaming Your capsules will contain nothing but pure pla An herb or food added during steaming will not steaming process. By checking an item here you them. I would like my placenta to be steamed with the bleeding following birth \Boxed None	t be dried and powdered into the u acknowledge that you have res	e finished capsules but the pasearched the enhancements	lacenta will be infused with it by the and assume responsibility for consuming
Other Options			
I choose this type of capsule: ☐size 00 Gelatin	n ☐ size 00 Vegetarian ☐ size	00 Berry Gelatin	
A photo of your placenta is taken for my record	ls. Would you like a copy of it e	mailed to you? \(\subseteq \text{No } \subseteq \text{Y}	l'es .
A free cord keepsake is included in your package	ge. This is optional. Would you	like a cord keepsake? Shape	e ideas: heart, circle, spiral, infinity loop
☐ No ☐ Yes, shape:			
Are you interested in any of the following add-			
☐ Tincture (\$25 extra) ☐ Salve (\$30 extra) ☐	Placenta Print (\$0 extra) Print	ieces of Placenta to create si	moothie (\$0 extra)
Special Instructions, Comments, Questions.			

Photo Release

I take photos of your placenta for record keeping purposes. These photos are available to you at any time. With your permission I may use these
photos for marketing, advertising, education, peer review or promotional purposes in print or online. Identifying information will not be shared under
any circumstances. Do you give permission for photos of your placenta to be used as described here?
Very Very many uses the whotes. \(\sum \) No. Do not use the whotes

☐ Yes. You may use the photos. ☐ No. Do not use the photos.

Payment, Cancellation & Refund Policy

- Payment in full is due before delivery of the capsules.
- You may cancel this contract at any time but the \$50 retainer is non-refundable and covers time spent prenatally and holding aside your space on my calendar.
- If you cancel after I have picked up your placenta (or arrived for in-home preparation) but before preparation begins, I will return your placenta to you upon request and no further payment is required.
- If you cancel after the encapsulation process has begun: the balance is due in full and no refund will be given even if you choose not to take delivery of the finished capsules.

Client Responsibilities

- Talk to your care provider during a prenatal visit about your intended birth place's policies in regards to releasing the placenta. Sign any
 forms required and have them placed in your file.
- If you are birthing in a hospital: remind your care providers upon arrival that you plan to take your placenta and remind them again during pushing.
- Put your placenta into a covered container, secured biohazard bag or double ziplock bag. The container must be labeled with your name before I pick it up.
- It can remain at room temperature for up to 2 hours following the birth. Refrigerate or put it on ice as soon as reasonably possible. Improperly handled placentas are susceptible to spoilage.
- Do not let the placenta out of your sight. I cannot encapsulate placentas that are examined in a hospital's pathology lab.
- Call or text message me at 603-731-5603 after the birth to arrange a time to pick up the placenta. Please call between 7am and 10pm.
- If you are not able to contact me within 4 days of the birth, freeze the placenta until you are ready for pickup.
- Encapsulation and delivery takes 1-2 days for a refrigerated placenta. A frozen placenta will take an additional 1-2 days so that it can be safely thawed.

Turnaround Guarantee

I do my best to have your placenta back to you as quickly as it can safely be prepared. This is usually the day after I pick it up and sometimes the day following. Clients who sign this contract before labor begins receive a turnaround time guarantee. If I deliver your capsules on the third day after pickup or later you will receive a discount of \$25. I may choose to have a backup encapsulator process your placenta if I have received more than one placenta at a time so that I can meet the turnaround deadline. Clients who contact me for encapsulation after labor begins will receive second priority to contracted clients and do not receive a turnaround guarantee, although I will still strive to return your capsules within 2 days.

Limitations and Disclaimer

- I understand and acknowledge that choosing to encapsulate my placenta is not intended to prevent or treat any physical or mental diseases, ailments or symptoms and that I am choosing to consume my placenta for my own personal beliefs, whether it be spiritual or cultural. I also acknowledge that there are no statewide regulations preventing me from obtaining and encapsulating my placenta.
- I acknowledge that Bethany Leclerc has provided me with concrete information about both the benefits and risks of placenta encapsulation, and have read all included documents. I understand that my placenta will be handled and encapsulated according to OSHA bloodborne pathogens universal precautions and Bethany Leclerc Food Safety and Handling standards, and will be cleaned, cooked, dehydrated and put into pill form in a sanitary and disinfected work space. Upon receiving my placenta capsules from Bethany Leclerc I waive any and all rights to hold either of them responsible for any undesired effect of consuming the capsules.
- If my placenta is not encapsulated in my own home, I put full trust and acknowledgement that it is being handled in a sanitary and safe environment. I have disclosed to Bethany Leclerc my STD status. I understand that upon receiving the pills, Bethany Leclerc is no longer liable, including but not limited to any other person(s) ingesting my own placenta capsules.
- I do not hold Bethany Leclerc responsible or liable for any transport mishap that is beyond her control (ex. car accident or detainment).

I agree to the preceding Client Responsibilities, Limitations and Disclaimer and Refund Policy by signing below:

	Signature:	:	
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