

**ALL ABOUT PETS, PA.**  
VETERINARY SERVICES & BOARDING KENNELS  
TRAVELERS REST, SC 29690 \* 864-834-7334 \* 864-834-1003 fax  
www.holisticvetssc.com

**CLIENT INFORMATION SHEET**

CLIENT 1 \_\_\_\_\_ Driver's License # \_\_\_\_\_ ST. \_\_\_\_  
LAST FIRST MIDDLE

CLIENT 2 \_\_\_\_\_ Driver's License # \_\_\_\_\_ ST. \_\_\_\_  
LAST FIRST MIDDLE

ADDRESS (Mailing) \_\_\_\_\_  
CITY STATE ZIP

ADDRESS (Street) \_\_\_\_\_  
CITY STATE ZIP

E-MAIL ADDRESS \_\_\_\_\_ PHONE (Home) \_\_\_\_\_ Cell #: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ Ph #: \_\_\_\_\_

SPOUSE'S EMPLOYMENT: \_\_\_\_\_ Ph #: \_\_\_\_\_ Spouse's Cell# \_\_\_\_\_

**Statement of Acknowledgement**

As a person seeking holistic or conventional treatment for their pet in this office you understand that some medicine utilizes non-invasive methods and natural therapies for assessment purposes. If standard medical diagnosis or treatment is required, we will suggest the diagnostic treatment needed.

Your initials and signature is required to facilitate treatment and acknowledges the following:

1. You understand that we require a copy of your driver's license to be on file. (We do keep these locked in a safe.) \_\_\_\_\_
2. You understand your treatment protocol is based on the findings revealed through your pet's personal history, physical assessment, laboratory testing, and other methods used to evaluate the energetic status of the body. \_\_\_\_\_
3. You understand that some of the treatment and diagnostic tools used by our office may be considered non-standard if you choose a holistic treatment approach. \_\_\_\_\_
4. You understand that complete compliance with your treatment program is necessary in order to achieve optimal results. \_\_\_\_\_
5. That you accept or decline this care of your own free will and choice. \_\_\_\_\_
6. You accept full responsibility for any fees incurred during care and treatment. \_\_\_\_\_
7. You understand that monetary refunds will not be issued because the outcome is not what you as the owner expected. \_\_\_\_\_
8. I am okay with All About Pets using mine and my pets picture on their website and or social media. Yes \_\_\_\_\_ No \_\_\_\_\_ Just my pets \_\_\_\_\_.

**PLEASE CHOOSE WHICH FORM OF TREATMENT YOU WISH FOR THIS CLINIC TO OFFER YOUR PET(S).**

- CONVENTIONAL ONLY  
 HOLISTIC/ALTERNATIVE TREATMENT ONLY

**WE DO NOT BILL.**

**ALL FEES ARE DUE UPON COMPLETION OF SERVICES.**

**WE ACCEPT CHECKS (VISA, M.C., DISCOVER, AMEX & CARE CREDIT.)**

**I ACCEPT FULL FINACIAL RESPONSIBLTY FOR ALL MY PETS PRESENTED TO ALL ABOUT PETS, PA. I UNDERSTAND THAT DEPOSITS ARE COLLECTED ON ALL NON-ELECTIVE SURGERIES, DROP OFF MEDICAL CARE, AND INTENSIVE/EMERGENCY CARE.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE

\_\_\_\_\_  
DATE