

ALL ABOUT PETS, PA
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ACUPUNCTURE, HOMEOPATHY, VETERINARY ORTHOPEDIC MANIPULATION, NUTRITIONAL THERAPY, & CONVENTIONAL CARE,

*****PLEASE NOTE THAT OUR DOCTOR AND MEMBERS OF THIS STAFF ARE HIGHLY ALLERGIC TO AROMATICS. REFRAIN FROM WEARING ANY PERFUME, COLOGNE, ESSENTIAL OILS, NICOTINE, OR ANYTHING AROMATIC ON YOU OR YOUR PET. IF YOU ARRIVE AND HAVE APPLIED A PRODUCT OR ARE WEARING SOMETHING THAT WILL POTENTIALLY CAUSE AN ISSUE FOR THE DOCTOR WE RESERVE THE RIGHT TO RESCHEDULE YOUR APPOINTMENT OR ASK YOU TO WAIT IN YOUR CAR. COMMUNICATION WILL BE COMPLETED BY PHONE. PLEASE UNDERSTAND THIS IS TO PROTECT THE HEALTH OF THE EMPLOYEES HERE. ****

****WE ARE CURRENTLY ALLOWING 2 PEOPLE IN EXAM ROOMS WITH THE DOCTOR. THOSE PEOPLE REGARDLESS OF AGE WILL NEED TO WEAR A MASK THAT COVERS BOTH NOSE AND MOUTH. ****

To Our New Holistic or Combination Patients:

We would like to take this opportunity to explain some things about our clinical operation. If you have any questions about any aspect of holistic treatment while your pet is under our care, please ask. We believe open communication is a necessity between veterinarian, pet, and owner. The decision to pursue holistic care for your pet is yours. Rest assured that your decision during the course of treatment will always be respected.

At the beginning of your pets holistic experience it is important to emphasize that holistic treatment is best viewed as a process rather than an isolated attempt for a quick cure. Careful monitoring of your pet's progress is required if steady gains are to be achieved. Your follow-up visits are vitally important. The first follow-up is usually scheduled 1-2 weeks after your initial consultation. Subsequent follow-ups are individually based up on need. Often, as your pet's health improves, the interval between follow- up visits lengthens.

Please take time to thoroughly fill out the enclosed forms with as much information as you can. We are glad to have this opportunity to participate in your pet's health care and look forward to working with you. While being treated, please be advised that you are responsible for the bills you incur and that refunds are not issued.

Sincerely,

Dr. Jeanne R. Fowler, DVM

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.

1. You are in agreement with the policies of this office as outlined.
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.
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.

PLEASE CHOOSE WHICH FORM OF TREATMENT YOU WISH FOR THIS CLINIC TO OFFER YOUR PET(S).IF YOU ARE OPEN TO BOTH PLEASE UNDERSTAND THERE IS A DIFFERENT PRICING STRUCTURE. YOU WILL NEED TO LET US KNOW BEFORE WE START YOUR APPOINTMENT HOW YOU WOULD LIKE TO MOVE FORWARD WITH TREATMENT. IF YOUR OPEN TO BOTH THEN PLEASE INITIAL BOTH OPTIONS.

CONVENTIONAL HOLISTIC/ALTERNATIVE TREATMENT

We use the following methods for communication, phone, email , and text message. If you would prefer not to be contacted a certain way please let us know so we can make a note in your account.

WE DO NOT BILL. ALL FEES ARE DUE UPON COMPLETION OF SERVICES. WE ACCEPT CHECKS (VISA, M.C., DISCOVER, & CARE CREDIT.) I ACCEPT FULL FINANCIAL RESPONSIBILITY 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.

Owner Signature: _____

Please complete the Integrative Health History form for your pet before your arrive for your appointment. We do not want to take time away from your appointment with the doctor. Given our schedule and the specialty treatments we offer, your appointment may have to be rescheduled if not completed when you arrive. Please bring with you any previous labs, records, and vaccine history or have your vets email a copy to us. This information is very helpful to ensure we have complete information and a baseline to compare to.

Integrative Medicine: HEALTH HISTORY

Patient Name: _____ Age: _____ Sex: ____ Altered: ____ Breed: _____
Color: _____ Weight: _____

PERSONAL HISTORY – Getting to know you and your companion

When did your pet join your family? _____

Under what circumstances? _____

What age was your pet? _____

How would you describe his/her state of health at that time? _____

How would you describe his/her personality when acquired? _____

Has the personality or state of health changed since then? How? _____

Can you describe the quality of the relationship you have with your pet? _____

How much time do you typically spend together and what is your favorite activity? _____

GENERAL HEALTH REVIEW – Describe the following about your pet:

Date of last blood work: _____ X-ray _____ (Please Bring Copies)

Personality: (circle) sweet happy temperamental aloof quiet loud
dominant passive excited snippy sad anxious calm fearful yappy

Other: _____

Things he/she really enjoys: _____

Things he/she really hates or fears: _____

Anxieties or stresses _____

Relaxes easily? _____

Quality and length of sleep _____

Wakes refreshed? _____

Prefers warmth or cold? In what way? _____

Does he/she like fresh air and sunshine? _____ Likes soft(eg. blankets) or hard (eg. tile floors) places to rest? _____

ACTIVITY LEVEL

How active is your pet? _____

Describe level of energy _____

Does he/she tire easily? If so, do they pant, have problems breathing, etc.? _____

NUTRITION

What type of food do you feed? _____

Previous foods (if any)? _____

Any homecooked food? _____

Additional foods or treats? How many and how often? _____

Food preferences? _____

Temperature of food and water preferred? _____

Level of appetite? _____

Amount of water intake (thirsty or thirstless)? _____

HISTORY OF HEALTH CONCERNS

Earliest symptoms you remember your pet experiencing _____

When noticed? Duration? _____

Medications given _____

Response to medications _____

Events preceding or surrounding the onset of symptoms _____

Vaccinations preceding symptoms? _____

If so, what type and when? _____

Specific diagnosis _____

Additional symptoms and diagnoses (please list in chronological order with the information asked above) _____

Tendency towards illness? _____

Chronic disease tendency or problems _____

Heals quickly or slowly from illness

CURRENT HEALTH CONCERNS

Current medications: What and why? _____

Vitamins and/or supplements: What and why? _____

ARE THERE ANY TYPES OF MEDICAL TREATMENT THAT YOU ESPECIALLY WANT TO CONSIDER? (e.g., acupuncture, herbs, supplements, massage, Traditional Chinese Medicine, homeopathy, etc.) _____

WHAT ARE YOUR GENERAL EXPECTATIONS FOR YOUR PET'S CONDITION? (cure, better quality of life, increased longevity, fewer medications, etc.) _____
