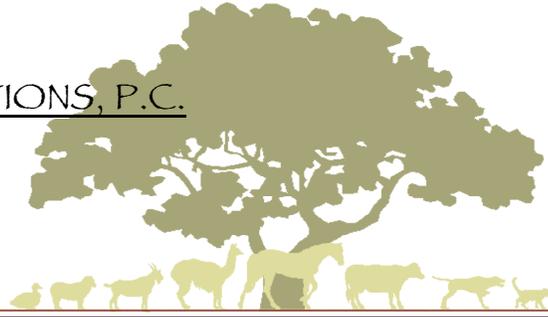


HOLISTIC VETERINARY OPTIONS, P.C.

Pamela J. Ditonto, D.V.M.

5985 2 Mile Rd NE
Ada, Michigan 49301
616-682-1608 . 501-635-0264(fax)



Client Acceptance Form

We are honored that you are willing to trust us with the care of your special friend. As you are likely already aware, our practice is not the usual. We offer consultation in the use of homeopathic remedies, animal chiropractic and nutritional counseling (emphasizing fresh, whole food diets and vitamin and mineral supplementation). We emphasize this form of treatment because we feel that it is the most effective way of dealing with a wide variety of health problems that animals face. It is our opinion that the above-mentioned modalities can be used to treat the same broad range of problems that are conventionally treated with drugs.

However, not every problem can be successfully resolved. Sometimes the disease is too advanced for our methods. Other times, we do not have the necessary knowledge or experience. Occasionally, our methods fail in spite of our best efforts. We say this not to discourage you, but rather to honestly communicate our skills and also our limitations.

It is important, as we start working together, that you realize, regardless of the nature of the problem your friend has and in spite of the diagnosis and prognosis that you have received from another practitioner, we are going to use the above mentioned methods and no other in the treatment of your animal. If it becomes your decision to have conventional drug therapy or surgery, we will refer you to another practice that can provide this rather than do this ourselves. If it is our opinion that for the well being of your friend you should receive care from another practitioner or by other methods, we will also refer you for this care rather than provide it ourselves.

If what has been presented here is acceptable to you and, indeed, what you wish for your pet, please sign the statement of acceptance that follows. This signature will also be your authorization to us to charge your credit card for your account balance each month. Once signed, please send this to the above address or fax or bring with you to your first appointment.

Declaration of Acceptance:

I have read the above explanation of the type of treatment offered by ***Holistic Veterinary Options, P.C.***. I agree that this is what I want for my animal. I further state that I am not expecting any other treatment than what is described here and the ***Holistic Veterinary Options, P.C.*** has my permission to use my credit card to charge against my balance each month.

Name (please print): _____

Signature: _____ Date: _____