



Holistic/Acupuncture Treatment Consent Form

Client's Name: _____ **Patient's Name:** _____

I hereby certify that I am the owner or an authorized agent of the owner for the above named pet and am over the age of 18. I am aware that acupuncture can help many animals deal with painful situations and recover from various medical maladies but understand that this form of therapy will not help every patient. If the history and physical examination leads to the conclusion that acupuncture is not appropriate for my pet, I understand that the attending doctor will discuss other diagnostic and/or treatment options. Most conditions where acupuncture is likely to help require a minimum of 5 initial weekly sessions and cold laser a minimum of 8 sessions. Thereafter, treatments may be continued over time. If my pet is not responding as expected and could benefit from other forms of traditional or alternative medicine, I am aware that the attending doctor may offer other forms of treatment or refer me back to my regular veterinarian, to a board-certified specialist or to a different alternative medical provider.

I have been informed that for lameness and arthritic conditions, it is recommended that my regular veterinarian should already have exposed and processed radiographs of the affected area (and supplied copies to this practice). If this has not been done or the films are not sufficient for the attending doctor to rule in or rule out various causes of my pet's condition, my attending veterinarian will discuss the need for additional images to be taken at my regular veterinarian. This is essential to help rule out problems such as cancer or infection that are unlikely to respond and could potentially be exacerbated by acupuncture or cold laser therapy.

I understand that my pet's treatment may consist of needles only, needles with electrical stimulation, aquapuncture (vitamin injections into acupuncture points) or moxibustion (burning of a substance over the needles).

I recognize that Napa Valley Holistic Veterinary Services does not provide complete veterinary care. I also recognize that acupuncture, herbal medicine and laser therapy are considered forms of complimentary and alternative veterinary medicine and that other, more conventional treatment options might be available. I am aware that the practice of veterinary medicine is not an exact science, and thus no guarantee for successful treatment has been made. I have been encouraged to discuss questions I may have and have had them answered to my satisfaction.

In the absence of negligence, I agree to hold these parties harmless for the absence of response to treatment or any ill effects experienced by my pet. I assume full responsibility for the actions of the animal described above and all charges incurred in its care. I also understand that all professional fees are due at the time services are rendered.

Cancellation policy: If you are unable to keep your scheduled appointment, please give 24 hours advance notice to ensure that you will not be charged 50% of the appointment fee.

I have carefully read and fully understand the above stated provisions.

Owner/Agent Signature

Date