

Consent For Alternative Therapies

Owner's Name: _____

Patient's Name: _____

Planned procedure/therapies:

Acupuncture – stimulation of nerves to alleviate pain or manage a specific condition through insertion of sterile needles, with the possible addition of electric stimulation, laser therapy or B-12

Herbal medicine - therapeutic use of plants or plant derivatives, which are not classified as drugs

I am the owner/agent of the owner of the animal identified above. I am 18 years of age or older, and I have the authority to give this consent. I hereby give my voluntary consent for the administration of the above therapy to my animal by Dr. Dantzler. I am aware that the above mentioned complementary or alternative modalities to be used in the treatment of my animal are **not** considered conventional veterinary medicine.

I understand that a minimum of 3-5 sessions of acupuncture may be required before we see a response to therapy. I understand that the administration of herbs can take several weeks before a response to therapy is seen. I recognize that, as in all types of medicine, the response to therapy varies with each patient. I understand that there can be no guarantee as to the animal's condition or outcome of any procedure or treatment undertaken.

I understand any potential side effects and all my questions have been answered to my satisfaction.

I agree to assume all financial responsibility for the services rendered, and that full payment is due at the time that services are rendered.

Please check the box if your pet has any of the following conditions:

- Currently pregnant or could be pregnant
- Any kind of bleeding disorder
- A pacemaker
- History of seizures or a diagnosis of epilepsy

I certify that I have read and fully understand all the above terms regarding treatment of my pet/animal. I also certify that I have the authority to execute this consent.

Owner/Agent Signature _____

Date _____