



(512) 282-0221

8106 Brodie Lane, Suite 102
Austin, TX 78745

Date: _____

Pet's Name: _____ Species: _____ Age: _____

Consent for Treatment with Acupuncture and/or Herbs

I, the undersigned owner, of the pet identified above, consent to the examination and treatment of my pet with Acupuncture and/or Herbs by the Doctors at Love Pet Hospital. After consultation with me, I understand the treatment and the risks involved in said treatment. I am encouraged to discuss any concerns I have about the risks with the attending veterinarian before the treatment is initiated.

I have discussed with my attending veterinarian the treatment options available, traditional and alternative medicine. My signature on this form indicates that any questions I have regarding Acupuncture and/or Herbs have been answered to my satisfaction. I understand that Acupuncture and/or Herbs are considered an alternative treatment protocol by the Texas Board of Veterinary Examiners and the Texas State Veterinary Medical Association.

While I accept that all procedures will be done to the best of the abilities of the Doctors and staff at Love Pet Hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

Owner's Signature:

Date:

Consent for Chiropractic Treatment

I, the undersigned owner, of the pet identified above, understand that Chiropractic treatment is considered an alternative treatment protocol by the Texas Board of Veterinary Examiners and the Texas State Veterinary Medical Association. I give my permission for the Doctors at Love Pet Hospital to adjust my pet using accepted Chiropractic techniques. The Doctors have informed me of conventional veterinary care that may be used to treat the pathologic condition my pet is suffering from. I understand that the Doctors will use the same care and consideration in the treatment of my pet as would any veterinarian licensed by the State of Texas. I also understand that no guarantees are made as to the outcome of treatment using the means stated above.

Owner's Signature

Date

Owners Name *(please print)*

Street Address

City, State, Zip

Home Phone

Work Phone

Cell/Other Phone