



(512) 282-0221

8106 Brodie Lane, Suite 102 Austin, TX 78745
info@lovepethospital.com

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: