

Tender Paws Animal Hospital
4235 N. Frazier
Conroe, TX 77303
Office: 936-856-3339 Fax: 936-856-7930

Consent to Proceed with Acupuncture

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 eighteen.

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 _____ initial weekly 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 prior 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 referring 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 cost and need for such radiographs prior to the provision of acupuncture. This is essential to help rule out problems such as cancer or infection that are unlikely to respond to acupuncture therapy.

I understand that my pet's treatment may consist of needles only, needles with electrical stimulation or needles with moxibustion (burning of a substance). I accept that for the comfort and relaxation of my pet, other procedures such as nail trims, blood draws, vaccinations, ear cleanings and/or other irritating procedures should be scheduled via separate appointments.

I recognize that acupuncture is considered a form 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 any questions I may have and have them answered to my satisfaction.

After presentation of a medical care plan and written estimate of costs by my pet's attending doctor, I hereby consent to the provision of requisite diagnostic procedures and acupuncture by the attending doctor(s) and practice health care team at this facility. 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.

Signature of Owner or Authorized Agent

Date

Please email completed form to tenderpaws@suddenlinkmail.com