

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

Consent for Alternative Medical Care

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 recognize that I am seeking a form of treatment for my pet that varies from traditional evidence-based Western veterinary medicine. This is being pursued _____ a) of my own accord, _____ b) as a result of a word-of-mouth referral by a friend, or _____ c) as a referral from a veterinary health care professional. **(Please initial one of these.)**

I understand that the diagnostic and/or treatment procedures for this care are likely to vary considerably from those offered at traditional veterinary practices. These forms of alternative medical practices include: 1.) Acupuncture 2.) Chiropractic Adjustment

I understand that not all patients can or will benefit from one or more of these alternative medical approaches. I accept that the attending doctor may discuss, recommend, and/or prescribe other modes of care for my pet including referrals to general practitioners, boarded specialists, other alternative medical caregivers, conventional medical or surgical care at this facility or a combination of these options. I also understand and accept that the attending doctor may decide not to offer suggested alternative medical care for my pet without further diagnostic testing or may decide not to offer such care because there is no apparent reason that it would benefit my pet.

It is my understanding that I will be provided with a medical care plan and written estimate of the fees related to any additional diagnostic tests and/or treatments using this type of medical and follow-up care. 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 am encouraged to ask questions and agree not to proceed with this alternative veterinary care until I have them answered to my satisfaction.

I hereby consent to the provision of requisite diagnostic procedures and alternative medical treatment provided by the attending doctor(s) and practice health care team at this facility and, in the absence of negligence, agree to hold them 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 your completed form to tenderpaws@suddenlinkmail.com