



## ANIMAL ACUPUNCTURE CONSENT FORM

Animal: \_\_\_\_\_ Owner name: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Species: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### DIAGNOSIS AND TREATMENT CONSENT

I, the undersigned, owner of the animal name above, do hereby give my voluntary consent for the administration of acupuncture to my animal.

Acupuncture has been explained to me as a medical treatment performed by the insertion of sterile acupuncture needles, through the skin into underlying tissues and muscles at specific points on the body for the purpose of alleviating pain and/or for treating other clinical conditions or the use of moxibustion (using a burning piece of compressed herb to heat the point of insertion).

I understand that the minimum of 3-5 treatments is often needed before a response to therapy can be reasonably expected. I also appreciate that my animal may not respond or benefit from acupuncture treatment. I also understand that it is important for me to fully follow my Veterinarian's instructions on monitoring my animal such as, but not limited to, blood, stool and or urine tests, over the course of it's acupuncture treatment and promptly and fully to report to Veterinarian or any Veterinarian associated with him/her, any adverse effects of unusual behaviors by my animal.

Acupuncture is considered to be extremely safe for animals. Possible side effects of acupuncture which can occur at anytime during the course of therapy, have been explained to me and include the following: possible temporary or worsening of symptoms: bruising, redness, swelling or soreness at the treated sites and transient weakness or lethargy post treatment. I understand that it is my responsibility to inform Dr. Nickamin of any adverse side effects that my animal may experience after receiving acupuncture treatments.

I state that my animal does not have any of the following:

- Pregnancy or currently in heat
- Bleeding disorder ( vonWillbran's disease, hemophilia, immune mediated thrombocytopenia )
- Pacemaker
- Local infection (skin infection, abscess, etc.)

I have been informed of the fees for this service, and I understand that payment is due when the services are provided. If I do not cancel an appointment at least 24 hours in advance, then I am liable for the fee.

Signature of animal owner \_\_\_\_\_ DATE \_\_\_\_\_

Signature of witness \_\_\_\_\_ DATE \_\_\_\_\_