

INFORMED CONSENT FOR ACUPUNCTURE/LASER THERAPY/PHYSICAL REHABILITATION

Please review the following consent. If you have any questions, please direct them to the veterinarian examining your animal.

1. I understand that physical rehabilitation typically includes various types of therapeutic exercise and physical modalities (such as cold therapy, heat therapy, electrical stimulation, etc.). It may also include some manual therapy (use of the therapist's hands to treat soft tissue or muscle problems). In human medicine, physical therapy is considered to be "conventional medicine" (health care practiced by a typical physician or allied health care provider). However, the American Veterinary Medical Association currently classifies any veterinary manual or manipulative therapy (including physical therapy, chiropractic and osteopathy) as Complementary and Alternative Veterinary Medicine (CAVM). Physical rehabilitation is generally recommended to improve function and/or rate of healing. Complications of physical rehabilitation are uncommon, and include, but are not limited to: delayed healing, failure to improve, worsening of a condition.

I consent to and authorize the performance of physical rehabilitation, if recommended by the veterinarian. Yes _____ No _____ (Please initial preferred response).

2. In some cases, acupuncture may be offered as part of an animal's treatment. Acupuncture is considered to be a type of Complementary and Alternative Veterinary Medicine (CAVM). At Crossroads Animal Care Center (CACC), it is offered in combination with conventional veterinary medicine. It may be suggested as an adjunctive therapy (most commonly for pain management), and is NOT intended to replace conventional therapies. Complications of acupuncture are uncommon, and include, but are not limited to: broken needle under the skin, needle ingestion, infection, bleeding, nerve damage, pneumothorax.

I consent to and authorize the performance of acupuncture therapy, if recommended by the veterinarian. Yes _____ No _____ (Please initial preferred response).

3. I have been advised as to the nature of the therapy, feasible alternatives, and the complications involved. I understand results cannot be guaranteed and that complications are inherent to some degree in any medical procedure or treatment. I understand not all complications can be predicted. I understand that complications may result in prolonged hospitalization and may require additional diagnostic tests, treatment, procedures, and/or operations. **I understand the costs associated with any complication, including additional diagnostics, treatment, procedures, and surgery, that may arise from or during the diagnosis and treatment of my animal at CACC are not the responsibility of CACC.**
4. Should I request, or it become necessary, to handle my own animal, I waive the option of legal action against CACC and its employees, in the event I am injured.
5. I am the owner or agent for the owner of the above described animal. I am mentally competent, under no duress or the influence of drugs or alcohol, and am over the age of eighteen.

I HAVE READ AND UNDERSTAND THIS CONSENT AND VOLUNTARILY EXECUTE MY AUTHORIZATION.

_____ Owner/Agent Date