



Stacie Seymour DVM

Authorization for Professional Services

Owner _____ Animal's Name _____

Address _____ City _____

State: _____ Zip: _____ Phone # _____

Email _____

Primary
Veterinarian _____ Phone# _____

I, the undersigned, do hereby give my voluntary consent for the administration of medical acupuncture and or chiropractic to my animal(s). I understand that acupuncture and chiropractic are considered complementary alternative therapies in veterinary medicine.

Ancillary techniques of acupuncture may be used, including one or more of the following: electroacupuncture, moxibustion, and aquapuncture. Other relevant Traditional Chinese Medical diagnostics and therapies (such as herbal therapy, dietary therapy, and massage) may also be required.

Acupuncture has been explained to me as a medical treatment performed by the insertion of sterile (single-use) acupuncture needles through the skin into the underlying tissues and muscles at specific points on the body for the purpose of alleviating pain and/or for treating other clinical conditions. I understand that a minimum of 3 to 5 treatments is often needed before a response to therapy can be reasonably expected.

Acupuncture is considered to be extremely safe. Possible side effects of acupuncture, which can occur at any time during the course of therapy, have been explained to me and include the following: possible temporary worsening of symptoms; bruising, redness, swelling, or soreness at the treated sites; transient weakness or lethargy post-treatment.

I understand that chiropractic therapy: (a) is not like most conventional or drug therapies, in that it has or may have multiple effects on many systems in an animal at a time; (b) it may have no effect; (c) my animal(s) may experience some discomfort from chiropractic treatment, adjustments or manipulations; (d) chiropractic therapy is usually very safe, and it may have side effects that may be the same or more severe than conventional, drugs or other treatments.

I appreciate that my animal(s) may not respond nor benefit from chiropractic treatment. I also understand that it is important for me fully to follow Dr Seymour's instructions on monitoring my animal(s) such as, but not limited to, blood and urine tests or radiographs over the course of the animal's chiropractic treatment and promptly and fully to report to Dr Seymour or my primary veterinarian any adverse effects or unusual behavior by my animal(s).



I further understand that I should fully inform my primary veterinarian that my animal(s) is undergoing or has undergone acupuncture and or chiropractic treatment.

I acknowledge that I am fully responsible for payment of any and all professional fees and expenses incurred in connection with the treatment by Dr Seymour of the above-described animal. Payment is due in full at the time of service.

I HAVE FULLY READ THIS CONSENT FORM BEFORE SIGNING IT AND DR SEYMOUR HAS ANSWERED, TO MY COMPLETE SATISFACTION, ANY QUESTIONS I HAVE ASKED ABOUT ACUPUNCTURE OR CHIROPRACTIC CARE, RISKS ASSOCIATED WITH BOTH THERAPIES, OTHER NON-CHIROPRACTIC TREATMENTS, PROTOCOLS OR PROCEDURES THAT ARE OR MAY BE AVAILABLE OR POSSIBLE FOR MY ANIMAL(S) AND I HAVE FREELY AND KNOWINGLY SIGNED THIS CONSENT FORM.

Dated: _____,

[Owner / Owner's Authorized Agent]