



On Point Acupuncture and Veterinary Services
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Alternative and Complementary Veterinary Treatment Small Animal Consent Form

Alternative and Complementary veterinary medicine is a comprehensive approach to health care employing alternative and conventional diagnostic and therapeutic modalities. In practice, holistic or alternative veterinary medicine incorporates, but is not limited to, the principles of acupuncture, chiropractics, laser therapy, homeopathy, nutraceuticals, whole food supplements, and diet. It can be used in conjunction with conventional medicine or stand on its own. It is the AVMA's (American Veterinary Medical Association) guidance that acupuncture and homeopathy be practiced only by licensed veterinarians. In the state of Florida, only a licensed veterinarian is legally permitted to perform acupuncture on an animal.

I acknowledge that I am requesting Alternative and Complementary treatment for my pet. Such treatment may include the following:

- Traditional Chinese Veterinary Medicine
- Acupuncture
 - ✓ Dry needling
 - ✓ Aqua-acupuncture (injecting a solution into an acupuncture point)
 - ✓ Electro-acupuncture
 - ✓ Moxibustion (heating an acupuncture point)
 - ✓ Laser acupuncture
- Tui-Na (Chinese Medical Massage)
- Assisi Loop Treatment
- Herbal Supplements and Whole Food Therapy

I acknowledge that I am using On Point Acupuncture and Veterinary Services for alternative and complementary therapies. I give permission to Dr. Prine to treat my pet in this manner. I understand that she is not my regular veterinarian, and therefore she **will not provide any routine or emergency care services for my pet.** In the event that my pet has an emergency, I will be required to take my pet to his/her regular veterinarian and/or to the appropriate emergency referral veterinarian.

I understand that payment is due when services are rendered and there is no billing. Acceptable payment options include cash, check, debit card, Zelle and credit card.

*Cancellation fee will apply if not given 24 hours' notice.

Owner's Name: _____ Email: _____

Owner's Address: _____ City: _____ Zip: _____

Owner's Phone#: _____ Emergency Contact: _____

Pet's Name: _____ Age: _____ Breed: _____ Color: _____ Sex: _____ (S/N) _____
 If your pet is an intact female, could she be pregnant? _____

Owner's Signature: _____ Date: _____