

INFORMED CONSENT

For Alternative or Complementary Veterinary Medical Treatment

Owner: _____

Contact Telephone Number: _____

Animal Name: _____ Breed: _____ Age: _____ M/F

Planned Procedure/Treatment: _____

Authorization:

I, the undersigned, am the owner of the animal described above and am authorized to make decisions regarding its care.

I hereby acknowledge that my veterinarian, Dr. _____, or his/her representative, has advised me of and explained the following:

- the tentative or final diagnosis of my animal _____
- the nature of the procedure/treatment identified above;
- the anticipated and potential benefits;
- the material risks, limitations and side effects associated with it;
- the alternatives, including conventional options to it;
- the likely consequences of having no treatment;
- that the above procedure/treatment is considered alternative and/or complementary to traditional veterinary medical approaches.

I hereby accept the recommended consultation regarding my animal with the following individual: **Janice Olynich** of **PawsAbility**, who is a non-veterinarian.

I understand that there can be no guarantee as to the animal's condition or reaction to, or the outcome of any procedure/treatment undertaken. I have read and fully understand this form and declare that I voluntarily provide my informed consent as per the above items.

Date: _____

Owner: _____

Veterinarian or
Representative of : _____