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Alternative Therapy Consent Form

I, _____, consent to the treatment of Acupuncture as an alternative medical therapy for my pet, _____. My veterinarian has advised me that Acupuncture is recommended in conjunction with conventional medical treatments and has provided me with a comprehensive, integrated treatment plan for managing my pet's condition.

I have been informed that individual responses to Acupuncture vary among patients and that there is no guarantee that my pet will respond positively to this therapy. My veterinarian has explained the various Acupuncture techniques that are available, as well as any possible side-effects, and has answered any of my questions about the therapy. I have been informed that positive responses to Acupuncture are not always immediate and that multiple sessions are often recommended for best results.

I have been provided with a written estimate of the cost associated with this therapy and am aware that all payment is due at the time of service.

Client Name (print): _____ Date: _____

Client Signature: _____

Witness: _____