

INFORMED CONSENT

APPENDIX 2

FOR ALTERNATIVE OR COMPLEMENTARY VETERINARY MEDICAL TREATMENT

Owner/owner’s agent: _____

Contact number (s): _____

Alternate contact person: _____

Alternate phone number: _____

Animal Name: _____ Species: _____

Breed: _____ Colour: _____ Sex: M F

Planned treatment: Rehabilitation / hydrotherapy / Weightloss Other:

Veterinary Diagnosis/Surgery: _____

Authorization:

I, the undersigned, am the owner or agent of the owner of the animal (s) described above and I am authorized to make decisions regarding its case.

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 animals (s);
- The nature of the procedure/treatments 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(s) with the following individual:

Tania Costa of Canine Wellness Centre Inc 19 Waterman Avenue, Unit 8, who is a non –veterinarian **certified in Animal Rehabilitation(CCRP), Animal Acupressure(CAAP) and Animal Massage(CMP)**

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 any informed consent as per the above items.

Date: _____

Owner/owner’s agent	_____	_____
	Print	Sign

Veterinarian or Representative of:	_____	_____
	Print	Sign