

# INFORMED CONSENT

## FOR ALTERNATIVE OR COMPLEMENTARY VETRINARY MEDICAL TREATMENT

Owner/owner's agent: \_\_\_\_\_

Contact number (s): \_\_\_\_\_

Alternate contact person: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M F

Planned Rehabilitation protocol:  Rehabilitation  Underwater Treadmill  Weight loss  
 Other:

Veterinary Diagnosis/Surgery: \_\_\_\_\_

Veterinary Relevant Medical History (tick those that apply)

- Blood Clotting Issues  Bacterial or viral infections  Acute danger of hemorrhage  
 Cancer  Disturbances in cardiac rhythm  Heat sensitivities  
 Other \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Print

Sign

Date: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

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.

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 accept the recommended consultation regarding my animal(s) with the following individual: **Tania Costa of Canine Wellness Centre Inc** 57 Byng Avenue, who is a non-veterinarian **certified in Animal Rehabilitation(CCRP), Animal Acupressure(CAAP) and Animal Massage(CMP), Certified in Veterinary Pain Management**

I understand that there can be no guarantee as to the animal's condition or reaction to or the outcome of any procedure 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