

# OCEAN'S EDGE VETERINARY CLINIC

## Complementary or Alternative Veterinary Medicine Consent Form

CLIENT'S NAME : \_\_\_\_\_

PET'S NAME : \_\_\_\_\_

PROCEDURE : \_\_\_\_\_

CONTACT NUMBERS : Home : \_\_\_\_\_ Cell : \_\_\_\_\_

Complementary, alternative, and integrative therapies means a heterogeneous group of preventative, diagnostic, and therapeutic philosophies and practices, which at the time they are performed may differ from current scientific knowledge, or whose theoretical basis and techniques may diverge from veterinary medicine routinely taught in accredited veterinary medical colleges, or both. These therapies include, **but are not limited to:** veterinary acupuncture, acuthery, and acupressure, veterinary homeopathy, veterinary manual or manipulative therapy (i.e., therapies based on techniques practiced in osteopathy, chiropractic medicine, or physical medicine and therapy), veterinary nutraceutical therapy, veterinary physiotherapy, and kinesiology.

In accordance with the Board of Veterinary Medicine Rule 61G18-19.002, Florida Administrative Code, and in order to provide a patient with complementary or alternative health care treatment, our office must inform the owner of the patient of the nature of the treatment and must explain the benefits and risks associated with the treatment to the extent necessary for the owner to make an informed and prudent decision regarding such treatment option. Written information regarding each complementary or alternative health care treatment, which includes a detailed description of the above requirements, has been provided.

The treating veterinarian must inform the owner of his or her education, experience, and credentials in relation to veterinary complementary or alternative health care treatment option. In addition, the licensed veterinarian may, in his or her discretions and without restriction, recommend any mode of treatment that is, in his or her judgment, in the best interests of the patient, including complementary or alternative health care treatments, in accordance with the provisions on his or her license.

### List of recommended services and their cost:

### Initial for Approval

_____	\$ ____ . ____ - \$ ____ . ____	_____
_____	\$ ____ . ____ - \$ ____ . ____	_____
_____	\$ ____ . ____ - \$ ____ . ____	_____
_____	\$ ____ . ____ - \$ ____ . ____	_____
_____	\$ ____ . ____ - \$ ____ . ____	_____

The cost of the treatment may increase with any extra service needed for the health of your pet. We need to be able to reach you at any time today in order to gain your permission to give the best care to your pet and proceed as recommended by your veterinarian. If you are unreachable and would like the best care provided for your pet, you have give us a maximum spending allowance so that we may do the best that we can to stay within your budget.

### 1. Please notify me of any services beyond what was approved before proceeding.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Phone Number

**2. Please allow the veterinarian to proceed as needed for my pet.**

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Signature of Owner/Agent

Phone Number

**3. Please continue as needed, but do not go over the following spending allowances:**

\_\_\_\_\_ (Allowance is total for day)

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Signature of Owner/Agent

Phone Number

### **CONSENT AND RELEASE**

I hereby certify that I have read and fully understand the above authorization for complementary or alternative veterinary treatment. I also hereby certify that I have been explained, either orally or in written form, the nature of the treatment, the benefits and risks associated with the treatment to the extent necessary for me to make an informed and prudent decision regarding such treatment option, possible complications, as well as possible alternative modes of treatment. The veterinarian will use reasonable precautions for the well-being of this animal but will not be held liable for conditions beyond his or her control.

**I am also aware that if my animal has any fleas, ticks, worms, or any other parasites he/she will be treated at my expense and in the manner chosen by the veterinarian.** This is to ensure the safety and respect of all patients of Ocean's Edge Veterinary Clinic.

A health care plan for amount of services will be provided upon request. A deposit may be required prior to services, all charges are due and payable upon patient's release.

Signed: \_\_\_\_\_

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

Owner/Agent