



VSMT Treatment Consent Form

Owner/Agent

Name: _____ Date: _____

Address: _____

Phone Number: _____

Alternate Phone Number: _____

Pet's Name: _____

Pet's Sex: _____ Pet's Weight: _____

Pet's Breed: _____

Pet's Age: _____ Color/Markings: _____

General Consent

As the owner, or authorized agent of the owner, of the animal described above, I hereby give my consent for the veterinarian(s) of Bristol Veterinary Service to examine my animal and perform veterinary medical treatments that may vary from traditional veterinary medicine. These treatments are being pursued of my own accord and/or by referral from a veterinary health professional. I understand that the diagnostic and/or treatment procedures for this care may vary from those offered with traditional veterinary medicine. These forms of integrative, or complementary medical practices may include, but are not limited to the following: Veterinary Spinal Manipulative Therapy (VSMT; "chiropractic adjustments").

I understand that not all patients can or will benefit from one or more of these integrative, or complementary, medical approaches. I accept that the attending veterinarian may discuss, recommend, and/or prescribe other modes of care for this animal, including referrals to back to the animal's primary veterinarian, other boarded certified specialists, other integrative medical caregivers, conventional medical or surgical care, or a combination of these options. I also understand and accept that the attending veterinarian may decide not to offer suggested integrative or complementary medical care for this animal without further diagnostic testing or may decide not to offer such care because there is no apparent reason that the treatment would benefit this animal.

It is my understanding that I may, upon request, be provided with a medical care plan and written estimate of the fees related to any additional diagnostic tests and/or treatments using this type of medical treatment and follow-up care. I am aware that the practice of veterinary medicine is not an exact science and, thus, no guarantee for successful treatment has been made. I am encouraged to ask questions and agree not to proceed with this integrative, or complementary, veterinary medical care until I have them answered to my satisfaction.

Adverse Effects

I understand that while therapies and treatments provided by Bristol Veterinary Service are considered generally safe with minimal side effects, I acknowledge and understand that rare complications may occur, such as soreness for a brief period of time, lethargy, soft stools or diarrhea, vomiting, colic, or nerve damage. In the unlikely event that adverse effects require additional medical treatment, I understand that any and all associated financial costs are solely my responsibility.

Liability Waiver

I agree to release Bristol Veterinary Service from any and all liability from injury or damage to myself, my animal(s), or my personal belongings that may result from me providing assistance during treatment. In the event that damages occur to my property while Bristol Veterinary Service is in attendance, I waive legal and financial action against Bristol Veterinary Service.

Authority to Consent

I am the owner (or authorized agent of the owner) of the animal described above, and have the authority to execute this consent. I certify that the owner/agent/patient information provided is accurate, that I am mentally competent, and that I am not under the influence of drugs or alcohol, and that I am older than 18 years of age. I certify that I have carefully read and fully understood the above terms and conditions as well as my financial obligations.

Printed Name

Signature

Date