

# Veterinary Chiropractic and Rehabilitation Clinic

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## Treatment Release Form

DATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

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

I am the owner or agent for the animal named above and have the authority to execute this consent. The Texas State Veterinary Practice Act states that veterinarians who offer treatments that are considered alternative or complementary must inform the pet's owner of traditional treatment for their pet's condition and any possible side effects of the alternative therapy. I realize that chiropractic, Traditional Chinese Veterinary Medicine and acupuncture, massage, physical therapy and rehabilitation therapies are used as an adjunct to other traditional therapies and that other procedures and/or medications may be required and should be provided by the animal's regular veterinarian. Chiropractic, TCVM, acupuncture and other non-traditional veterinary therapies are not a cure-all and an animal's response to treatment will vary. The best treatment usually is a combination of traditional and alternative therapies.

I agree that I have been advised as to the nature of the procedures to be performed and realize that results cannot be guaranteed. I agree to pay a cancellation fee if I fail to cancel my appointment within twenty-four hours. I assume responsibility for all charges incurred in the treatment and care of this animal and that these charges will be paid at the time of the service unless prior arrangements have been made with practice manager.

*Signature of Owner or Owner's Agent* \_\_\_\_\_

*Date* \_\_\_\_\_

