

HOUSEPAWS IN-HOME VETERINARY CARE

Authorization for Acupuncture - An Alternative Therapy

Client \_\_\_\_\_ Animal \_\_\_\_\_

Phone number or email address \_\_\_\_\_

Procedures to be performed \_\_\_\_\_

I, the owner or owner's agent of the animal identified above certify that I am over 18 years of age and hereby authorize Dr. Laura McMahan of HousePaws In-Home Veterinary Care to perform the above procedures for my animal. I understand that some risk always exists in the veterinary treatment and that I am encouraged to discuss any concerns that I have about those risks with Dr. McMahan before treatment is initiated. My signature on this form indicates that any questions I have regarding this treatment to be rendered have been answered to my satisfaction.

Signature \_\_\_\_\_

Date \_\_\_\_\_