

Informed Consent for ROVING VET House Call Service

For Alternative or Complementary Veterinary Medical Treatment

Owner: _____

Contact Telephone: _____

Animal Name: _____ Breed: _____ Age: _____ M/F ____

Authorization:

I, the undersigned, am the caretaker of the animal described above and am authorized to make decisions regarding his/her care.

I hereby acknowledge that my veterinarian, Dr. Shuli Krakauer has discussed the following with me:

- the tentative or presumed diagnosis of my companion;
- the nature of the procedure/treatment recommended;
- the anticipated and potential benefits;
- any risks, limitations or side effects associated with it;
- the alternatives, including conventional options;
- the possible progression of the disease, given the various options

I am aware that homeopathy and acupuncture are considered alternative and/or complementary medical approaches.

I understand that there can be no guarantee as to the animal's condition, or the outcome of any procedure/treatment undertaken. I have read and fully understand this form and declare that I voluntarily provide my informed consent as per the above items.

Date: _____

X

Owner