## **Consent to Proceed with Acupuncture**

**Monika Jones Vet Services, PLLC** 

<b>Client and Patient Information</b>		
Client's Name:	Patient's Name:	Date:
Certification and Authorization		
I certify that I am either the owner or the acover eighteen years of age.	uthorized agent of the owner for	the above-named patient, and that I am
About Acupuncture Therapy		
typically benefit from a series of treatments approximately 1-2 weeks apart. Additional tand cancer, are unlikely to benefit from acu benefit from other medical approaches, Dr. another alternative medicine provider. I und	effective for every patient. Most s. For optimal results, it is recom treatments may be continued as puncture therapy. If my animal continues may refer me to my regulaterstand that Dr. Jones is not a so	conditions that respond to acupuncture will mended to commit to six sessions, spaced needed. Some conditions, such as infection
Risks and Monitoring		
Acupuncture therapy is generally considered discomfort, bruising, or increased/decreased needle may break in the patient or the acuparesponsibility for monitoring my animal follow concerns arise. I understand that success diagnosis by a referring veterinarian, and the	d energy. In extremely rare case puncture needle may introduce a owing each session and will proraful acupuncture depends on the	s and not by intention, an acupuncture a skin infection into deeper tissues. I accept aptly notify Dr. Jones if any unusual reactions a practitioner's expertise, an accurate
<b>Understanding Treatment Option</b>	s and Methods	
I recognize that acupuncture is a compleme options may also be available. Treatment m stimulation; injection of vitamin B12 at acup moxibustion (burning a therapeutic substan	ay involve the use of acupunctur puncture points; injection of the	
Consent and Acknowledgement		
I understand that veterinary medicine is not provided. I have been encouraged to discus satisfaction. After reviewing the acupunctur procedures. In the absence of negligence, I response to treatment or any adverse effect	s any questions with Dr. Jones, a re care plan and cost estimate fro agree to hold Monika Jones Vet	nd they have been answered to my om Dr. Jones, I consent to the proposed
Signature of Owner or Authorized Agent:		Date: