NORTHSTAR VETS®
Veterinary Emergency Trauma & Specialty Center
Leading the Way.

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Acupuncture Consent Form

Owners Name: _____

Pet's Name: _____

Date: _____

I hereby authorize and consent to the performance of Acupuncture procedures in the treatment of my pet.

I understand that Acupuncture is considered an alternative medical therapy. I understand that Acupuncture will be used in conjunction with conventional medical therapy to provide the most comprehensive treatment plan for my pet.

The various Acupuncture techniques that may be utilized in treatment have been adequately described and discussed with me. I understand that these Acupuncture techniques are regarded as generally being safe without many side effects. However, some of the side effects that can occur include – but not limited to – bruising at the sight of needle insertion, mild bleeding at the sight of needle insertion, breaking of a needle, and mild tingling at the site of needle insertion. In addition, it is not unusual that a patient may be more lethargic and quiet following an Acupuncture session.

I realize that neither a guarantee nor warranty can ethically or professionally be made regarding the success of the treatment recommended. I recognize that, as in all types of medicine, the response to therapy varies with each patient. I understand that positive effects may not be immediate and are often not noted for 3 days following a session. I also understand that if after 5 sessions no improvement is noted that Acupuncture may be deemed an ineffective treatment option for the condition affecting my pet.

I understand that I assume all financial responsibility for the services rendered, and that full payment is due at the time services are rendered. I understand that hospital support personnel will be used as deemed necessary to perform and complete therapy.

I certify that I have read and fully understand all the above terms regarding treatment of my pet. I also certify that I have the authority to execute this consent.

Signature of owner or agent:_____