

acuvet@pawfectionofhelpinghands.com
Phone: (719-201-6185)

Acupuncture/Integrative Medicine & Treatment Release Form

DATE: _____

Please read thoroughly and complete entire form. Please sign and submit form, along with your pet's medical records if indicated by the Veterinary Doctors. Thank you.

*I give permission for photos/videos of my pet and their health story to be used for social media, speaking events, and referral/promotional materials for Pawfection of Helping Hands (Dr. J. Rapp's Pawfection). Initial one: Yes _____ No _____

Client's Name: _____

Email address: _____

Cell Phone: _____

Home Phone: _____

Address:

Street:	City:
State:	Zip code:

Veterinarian who referred you: _____

Primary Veterinary Office: _____

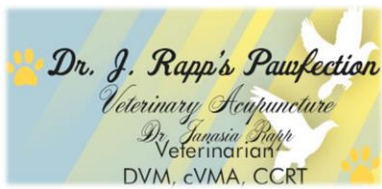
Pet's name: _____			
Date of Birth: _____	Age: _____	Species: _____	
Breed: _____			
Color: _____			
Circle one: Spayed Female Neutered Male Female Male			

Medications (Name/ Amount/ Frequency given per day):
Nutritional/Herbal Supplements:
Allergies:
Diet Information: Brand of food: _____ wet/ dry? Cups of food per feeding: _____ Amount of times fed per day (Can say “free-fed” if no exact amount): _____

Medical Acupuncture: Therapeutic modality of Western medicine that uses current knowledge of anatomy, physiology, pathology, and the principles of evidence-based medicine. It acts mainly by stimulating the nervous system. Acupuncture is a form of treatment for many different conditions, which include but not limited to, chronic pain, acute pain from injury, spinal cord disease, immune system dysfunction, lick granulomas, reproductive problems, dry eye or corneal ulcerations, some respiratory conditions, and seizures.

Electro-stimulation (E-stim): Common technique used in Acupuncture in which electrical currents course into the body between the inserted acupuncture needles. The electrical waves relax spasming muscles and moves stagnant blood flow, increasing circulation. Common conditions treated include, neuromuscular disorders (ex. Wobbler’s syndrome), and spinal fractures or injuries.

Laser Therapy: Laser therapy helps with soft tissue healing and pain reduction. It stimulates the release of endorphins, causes vasodilation, and promotes lymphatic flow. Laser therapy brings more blood to the area, flushes out inflammatory mediators and swelling, and accelerates tissue repair by increasing cell division rate and activating cells needed for repair. Due to this, patients with known conditions such as cancer or hemorrhaging, laser therapy should not be used.



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Please read instructions and consent form thoroughly. Please sign at the bottom of page.

Acupuncture & Laser Information:

In order to achieve proper diagnosis and treatment plan for your pet, it is very important that all previous medical history, including lab work and radiographs when necessary, be provided to the Veterinary Acupuncturist before the first session.

Acupuncture and laser therapy are considered a part of conventional medicine, and will be used in conjunction with complete conventional medical therapy to provide the most comprehensive treatment plan for your pet.

It typically takes more than one acupuncture and/or laser session before you may see results evident. Even though there are exceptions, most conditions take between 3-5 sessions once a week or month, and may need periodic maintenance sessions.

Acupuncture sessions will not be considered as routine physical exams. Due to this, your pet will still require annual Wellness exams with your primary veterinarian. Neither bloodwork, vaccines, nor any lab work will be performed during acupuncture or laser sessions.

*Please do not discontinue or change any prescribed medications or supplements that your pet is taking without consulting your primary veterinarian, regardless if your pet is improving.

CONSENT FORM:

I am the pet's parent/owner (or agent for the pet's parent/owner) of the patient noted above, and
I have the authority to execute consent for these procedures.

I understand that acupuncture is regarded as generally safe without many side effects. Although uncommon, some side effects that can occur include, but not limited to: mild bleeding at needle insertion site, bruising at needle site insertion, breaking of a needle, and mild tingling at needle insertion site. Patients are usually relaxed and may even fall asleep during session. It is not uncommon for patients to be quieter and sleepier following an Acupuncture session.

I realize that guaranteed results cannot ethically or professionally be made regarding the success of the treatment recommended. I realize that the response to therapy varies with each patient, just as seen in all types of medicine.

I understand that an additional person age 21 years or older, or trained support personnel will travel to appointment locations with the Veterinary Acupuncturist for safety purposes.

I understand that trained support personnel may assist during the acupuncture sessions, as deemed necessary by Veterinary Acupuncturist and/or attending veterinarian.

I understand that I assume all financial responsibility for services rendered, and that full payment is due at the time the services are rendered. Although unforeseen events rarely occur resulting from acupuncture and/or laser sessions, if any event were to occur, I am aware that I am not relieved of any obligation to all reasonable costs incurred regarding this patient. **Payment Types Accepted include:** Zelle (Preferred), Cash (Preferred), Bank/Cashier's Check, Check (In good standing), Credit/Debit cards (Visa, MasterCard, Discover, American Express, JCB, UnionPay).

****Transaction fee of \$3 will apply for Credit/Debit card usage****

****Cancellations and Rescheduling require a 24 hour notice prior to appointment****

There is a **cancellation fee of \$50**, if not notified of appointment cancellations prior to 24hrs. **Please check box** ☐

***I certify that I have read and fully understand all the above information and terms regarding treatment of my pet/patient and what is required.**

Printed Name: -----

Signature: _____ Date: _____

Pet's Name: _____