



## Full Moon Integrative Veterinary Care, LLC

### Informed Consent to Treat

**Date** \_\_\_\_\_

**Client's Name** \_\_\_\_\_ **Pet's Name** \_\_\_\_\_

\_\_\_\_\_ Acupuncture is safe and relatively painless. Side effects are rare but may include sensitivity to needle insertion, broken needles, minor bruising/bleeding, redness/swelling/soreness at the treatment sites, and worsening symptoms for a few days after treatment. Infection is a possible risk, however needles are sterile and single use. Unusual risks with acupuncture include pneumothorax, puncture of an organ or joint, nerve damage or gastrointestinal foreign body with the possibility of perforation if the patient ingests a needle.

\_\_\_\_\_ Laser therapy is contraindicated in animals with cancer because it stimulates ATP production (a cell's energy source) and increases circulation in the area of treatment, potentially causing growth of a tumor. Please notify Dr. Sneva if your animal has cancer OR any suspicious masses that have not been evaluated by your veterinarian.

Please list cancer type and location \_\_\_\_\_

\_\_\_\_\_ I state that, to the best of my knowledge, my pet does not have any of the following: Seizures, Bleeding disorder, Pregnancy, Pacemaker, Local infection (skin infection, wound, abscess), Immunosuppression, Tumor(s)/Cancer.

If so, please list \_\_\_\_\_

\_\_\_\_\_ I understand that treatments may include acupuncture, laser, massage, electroacupuncture, manual therapy, PEMF (pulsed electromagnetic field) loop and therapeutic exercises as Dr. Joey Sneva deems appropriate. You may request that certain treatments not be used on your pet.

\_\_\_\_\_ I understand that my pet may be performing therapeutic exercises. I understand that risk of additional injury may occur.

\_\_\_\_\_ I understand that multiple treatments may be needed before a response to therapy can be expected. I understand that treatment results are not guaranteed.

## Informed Consent to Treat, Continued

\_\_\_\_\_ I understand that Dr. Joey Sneva will treat my pet and give appropriate advice, but she may recommend consultations with your primary care veterinarian or a specialist as she deems appropriate.

\_\_\_\_\_ I understand that Dr. Joey Sneva may give recommendations on medications or supplements, but that she does not provide prescriptions or written prescriptions. You will need to contact your primary care veterinarian for these recommendations.

\_\_\_\_\_ I understand that Dr. Joey Sneva does not provide general practice procedures or diagnostics.

\_\_\_\_\_ I understand that payment is due at the time of service.

\_\_\_\_\_ I give Dr. Joey Sneva permission to use my pet's photo on social media.

### Informed Consent

I have read and understand the above information and I consent to my pet receiving treatment. I understand that I can refuse treatment at any time.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_