



Natural Healing Veterinary Care

Dr. Cara Warkentin DVM CVA

AUTHORIZATION TO PERFORM VETERINARY ACUPUNCTURE, VETERINARY MEDICAL MANIPULATION &/or REHAB THERAPY

I hereby authorize Natural Healing Veterinary Care and Dr. Warkentin and whomever she may designate as her associates, to perform upon _____

(Animal's name)

the following procedures:

Acupuncture Aquapuncture Electro-acupuncture Class IV Laser Treatments
Chiropractic Adjustments Physical Rehabilitation Therapy

If any unforeseen condition arises calling in her judgments for procedures in addition to or different from those now contemplated, I further request and authorize her to do whatever she deems advisable.

I have been informed by my regular veterinarian of standard and accepted "Western medicine" treatments for my animal's condition.

I understand that side effects & complications are very rare, however it is possible for my animal's condition to temporarily worsen; in the case of a spinal cord tumor, the deterioration may progress. I also understand that these treatments are not promised as a cure for my animal's condition. I acknowledge that no guarantee of assurance has been made as the results that may be obtained.

Name _____ Signed _____
(Please print- Owner of Animal or Authorized Agents)

File # _____

Witness _____

Date _____