



Animal Hospital of Cotati

576 East Cotati Ave.
Cotati, CA 94931
(707) 792-0200
Fax (707) 665-0453

REQUEST FOR VETERINARY SERVICES AUTHORIZATION FOR EXAMINATION AND MEDICAL TREATMENT (Traditional Chinese, Conventional, Bicom 2000 therapy)

I am the owner or agent of: _____ and have
the authority to execute this consent.

I request that Animal Hospital of Cotati perform the services which are necessary for the examination and medical treatment of the animal listed above. I understand that Animal Hospital of Cotati is using methods of treatment including, but not limited to acupuncture, nutritional supplements, Traditional Chinese herbs, and Bicom 2000 therapy some of which may not be recognized as standard methods of treatments by the AVMA (American Veterinary Medical Association). The nature and purpose of the procedures and methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made to the results that may be obtained, just as with conventional medical treatments.

I understand that the treatment of the patient will be conducted with professionalism and in accordance with prevailing standards of competency in veterinary acupuncture and Traditional Chinese herbal medicine as recognized by the AAVA (American Academy of Veterinary Acupuncture) and IVAS (International Veterinary Acupuncture Society).

This agreement shall remain in effect until such time as a different agreement is executed.

PRINTED NAME OF OWNER OR AGENT

SIGNATURE OF OWNER OR RESPONSIBLE AGENT

DATE