



Treatment Authorization Form

By signing below, I declare that I am 18 years or older and I am acting as the representative and owner of the above listed animal or have authorization of the acting owner of the above listed animal. I hereby verify the above information is correct and I authorize Dr. DeRoin to perform treatments and other services on the above-listed animal today and any day in the future.

I understand that acupuncture is considered an alternative medical therapy. I understand that acupuncture does not take the place of conventional medical therapy and should be considered as an adjunctive treatment.

I understand that acupuncture is regarded as generally being safe without many side effects. However, some of the side effects that can occur include – but are not limited to – bruising at the sight of needle insertion, mild bleeding at the sight of needle insertion, mild tingling at the site of needle insertion, soreness, worsening of clinical signs, and breakage of a needle. In addition, it is not unusual that a patient may be more lethargic and quieter 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. I also understand that if after 3-5 sessions no improvement is noted that acupuncture may be deemed an ineffective treatment option for the condition affecting my animal.

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 there are no payment plans for the services that have been provided.

I understand that pictures and videos will be recorded of my animal to monitor progress to treatment. These pictures may be used on social media or educational materials for Pioneer Integrative Veterinary Services LLC.

I am aware that Dr. DeRoin does not provide emergency services or primary care. I agree to follow up with my primary care veterinarian or the nearest local emergency facility for services other than acupuncture and Traditional Chinese Veterinary Medicine.

I understand that Dr. DeRoin schedules by appointment only and due to the nature of a house call business may only service certain geographic areas on certain days. I understand that Dr. DeRoin may need my assistance when treating my animal. I may need to help hold or restrain my animal. My signature below also states that I hereby release and forever dismiss Dr. DeRoin of any liabilities, consequences, or outcomes that directly or indirectly result from any procedures, treatments, or medications administered to the above listed animal at any given time.

I certify that I have read and fully understand all the above terms regarding the treatment of my animal.

Owner Name: _____ **Patient:** _____

Owner Signature: _____ **Date:** _____