



## CONSENT TO TREATMENT

Pet's Name:
Breed:
Age:
Color/Markings:
Owner's Name:
Address:
City, State, Zip:
Phone:
Email:

### **Description of Services:**

I, the undersigned, am the owner or authorized agent of the above-named animal. I understand that the services to be provided by The Zen Vet include chiropractic and/or acupuncture procedures. These procedures are intended to promote the overall health and well-being of my pet and are performed by a licensed veterinarian trained in chiropractic and acupuncture techniques.

### **Chiropractic and Acupuncture Procedures:**

I understand that chiropractic and acupuncture are alternative therapies that involve the manipulation of my pet's musculoskeletal and nervous system, and/or the insertion of fine needles into specific points on their body. These procedures are intended to promote overall wellness, alleviate pain, and improve their quality of life. Possible benefits may include enhanced mobility, decreased pain, and improved relaxation.

### **Risks and Benefits:**

I understand that chiropractic and acupuncture procedures, like any medical intervention, carry inherent risks and benefits. Possible risks may include but are not limited to:



# THE ZEN VET

Veterinary Acupuncture and  
Chiropractic Services

1. Soreness: After chiropractic adjustments or acupuncture sessions, my pet may experience temporary soreness or discomfort. This is a normal reaction and should subside within a short period.
2. Unforeseen Reactions: While adverse reactions are rare, there is a possibility that my pet may experience unexpected reactions to the procedures, such as an allergic reaction to acupuncture needles or an exacerbation of their existing condition.
3. No Guaranteed Outcomes: I acknowledge that while the procedures aim to provide benefits, there is no guarantee of specific outcomes, and the degree of improvement can vary from animal to animal.

## **Owner's Responsibilities:**

I agree to provide accurate information about my pet's medical history, including any pre-existing conditions, medications, or ongoing treatments. I understand that it is my responsibility to inform Dr. Colleen O'Leary of any changes in my pet's condition during and after chiropractic and/or acupuncture treatments.

## **Financial Responsibility:**

I understand that there are fees associated with chiropractic and acupuncture services. I agree to pay for the services rendered at the time they are provided. I acknowledge that fees are subject to change without notice.

## **Photographic Consent:**

I grant permission to The Zen Vet to take photographs or videos of my pet before, during, and after chiropractic and/or acupuncture procedures for educational or promotional purposes. No owner identifying information will be used without consent.

## **Authorization and Release of Liability:**

I hereby authorize The Zen Vet to perform chiropractic and/or acupuncture procedures on my pet as deemed necessary or appropriate by Colleen O'Leary, DVM. I release The Zen Vet from liability related to the chiropractic and/or acupuncture procedures performed on my pet. I understand that I am voluntarily choosing these alternative therapies and assume all risks associated with them.



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Veterinary Acupuncture and  
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**I have read and understand the information provided in this consent form. I acknowledge that I have the opportunity to ask questions and seek clarification before signing.**

**\*\*Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Printed Name: \_\_\_\_\_)

**\*\*Veterinarian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Printed Name: \_\_\_\_\_)