



CONSENT FOR COMPLEMENTARY & ALTERNATIVE VETERINARY TREATMENT OR THERAPY

I, _____, have engaged Dr. Jen Luna-Repose, a licensed veterinarian to perform complementary and/or alternative veterinary treatment including acupuncture/laser/light therapy/resonance therapy/herbal/nutritional therapy on my pet, _____, which treatment has been described and explained to me, to my satisfaction, by Dr. Jen Luna-Repose.

I hereby fully consent to and authorize the performance of such complementary and/or alternative feeding treatment by Dr. Jen Luna-Repose, including any preliminary, further, or additional treatments, therapies, tests, medications, herbs, or injections that may be, in the judgment of Dr. Jen Luna-Repose, considered advisable or necessary at any time while the complementary and/or alternative medical treatment is being performed.

The intention of this Consent is to grant full authority to Dr. Jen Luna-Repose to administer and perform any and all complementary and/or alternative medical, drugs, treatments, tests, medications, injections or diagnostic procedures to my animal that may be deemed advisable or necessary by her.

I have been fully informed, to my satisfaction, by Dr. Jen Luna-Repose that complementary and alternative veterinary medicine does or may be considered by some in the American veterinary profession as a philosophy or practice that does or may differ from current scientific knowledge, or whose theoretical basis and techniques may diverge, even considerably, from veterinary medicine routinely taught in accredited veterinary colleges in the United States.

I understand that complementary and alternative veterinary therapy: (a) is not like most conventional or drug therapies, in that it has or may have multiple effects on many systems in an animal at a time; (b) it may have no effect; and (c) my animal may experience some discomfort from complementary and alternative treatments such as pain from acupuncture needle placement and detox reactions such as vomiting, nausea, diarrhea, or worsening of current symptoms.

I appreciate that my animal may not respond nor benefit from complementary and alternative veterinary treatment. I also understand that it is important for me fully to follow Dr. Jen Luna-Repose's instructions on monitoring my animal such as, but not limited to, blood, stool and/ urine tests, over the

course of its complementary and alternative veterinary treatment and promptly and fully to report to her any adverse effects or unusual behavior by my animal.

I further understand that if my animal is seen by another veterinarian, not associated with Dr. Jen Luna-Repose, while undergoing or having undergone complementary and/or alternative veterinary treatment, that I should fully inform the other veterinarian that my animal is on or has undergone a complementary and/or alternative veterinary treatment, the nature of the complementary and/or alternative veterinary treatment and request the other veterinarian to contact Dr. Jen Luna-Repose.

I HAVE FULLY READ THIS CONSENT FORM BEFORE SIGNING IT AND DR. JEN LUNA-REPOSE HAS ANSWERED, TO MY COMPLETE SATISFACTION, ANY QUESTIONS I HAVE ASKED HER ABOUT COMPLEMENTARY AND ALTERNATIVE VETERINARY MEDICINE, RISKS ASSOCIATED WITH COMPLEMENTARY AND ALTERNATIVE VETERINARY MEDICINE, OTHER NONALTERNATIVE TREATMENTS, THERAPIES, PROTOCOLS OR PROCEDURES THAT ARE OR MAY BE AVAILABLE OR POSSIBLE FOR MY ANIMAL AND I HAVE FREELY AND KNOWINGLY SIGNED THIS CONSENT FORM.

Dated: _____

Name (Printed) _____

Signature _____

Address: _____

Telephone: _____

E-mail: _____