

County Animal Clinic, Inc.

Ronald C. Anders, D.V.M.
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AUTHORIZATION TO PERFORM VETERINARY ACUPUNCTURE

I hereby authorize Dr. Ronald Anders and County Animal Clinic, Inc.
and whomever he may designate as his assistants to perform upon
_____ the following procedures

_____ and if any unforeseen condition arises calling in his/her judgment for
procedures in addition to or different from those now contemplated, I
further request and authorize him/her to do whatever he/she deems
advisable.

The nature and purpose of the procedures, possible alternative
methods of treatment, the risks involved, and possibility of
complications have been fully explained to me. I acknowledge that no
guarantee or insurance has been made as to the results that may be
obtained. I understand that I may withdraw this authorization in
writing at any time.

WITNESS _____ SIGNED _____

DATE _____ PERSON SIGNED _____
MONTH/DAY/YEAR (OWNER of ANIMAL or AUTHORIZED AGENT)