

COUNTY ANIMAL CLINIC
RONALD C. ANDERS, D.V.M
609 N SECOND ST
COLDWATER OHIO 45828
419-678-3610

CONSENT FOR HERBAL VETERINARY TREATMENT OR THERAPY

I, _____ (owner / owner's authorized agent), have engaged **Dr. Ronald C. Anders, D.V.M.**, a licensed veterinarian and the COUNTY ANIMAL CLINIC (veterinary facility name) to perform herbal veterinary treatment on my (animals name) _____ (Breed of Animal) _____, which treatment has been described and explained to me, to my satisfaction, by Veterinarian.

I hereby fully consent to and authorize the performance of such herbal treatment by *Veterinarian*, including any preliminary, further, or additional herbal treatments, therapies, tests, medications, herbs, or injections that may be, in the judgement of *Veterinarian*, or any veterinarian associated with him/her, may be considered advisable or necessary at any time while the herbal treatment is being performed.

The intention of this Consent is to grant full authority to *Veterinarian*, and any veterinarian associated with him/her and their respective employees, assistants or consultants, to administer and perform any and all herbal treatments, drugs, tests, medications, injections or diagnostic procedures on my animal(s) that may be deemed advisable or necessary by *Veterinarian*, or by any veterinarian associated with him/her.

I have been fully informed, to my satisfaction, by *Veterinarian* that herbal medicine is a complementary or alternative veterinary medical treatment, therapy or procedure. Also, I have been advised 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 herbal therapy that: (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; (c) my animal(s) may experience some discomfort from herbal treatment; (d) herbal therapy is usually, but not always, safe, and it may have side effects that may be the same or more severe than conventional, drugs or other treatments; and (e) adverse effects may include, but not be limited to, illness, known or unknown interactions, nausea, vomiting, diarrhea, constipation, muscle spasms, or more serious, unforeseen effects including, in rare situations, stroke, paralysis or death.

I appreciate that my animal(s) may not respond nor benefit from herbal treatment. I also understand that it is important for me fully to follow *Veterinarian's* instructions on monitoring my animal(s) such as, but not limited to, blood, stool and /urine tests, over the course of its/their herbal treatment and promptly and fully to report to *Veterinarian* or any veterinarian associated with him/her, any adverse effects or unusual behavior by my animal(s).

I further understand that if my animal(s) is seen by another veterinarian, not associated with *Veterinarian* while undergoing or having undergone herbal treatment, that I should fully inform the other veterinarian that my animal(s) is on or has undergone a herbal(s) treatment, the nature of the herbal treatment, the herb(s) my animal(s) is/are on, and request the other veterinarian to contact *Veterinarian* or a veterinarian associated with him/her.

I HAVE FULLY READ THIS CONSENT FORM BEFORE SIGNING IT AND VETERINARIAN HAS ANSWERED, TO MY COMPLETE SATISFACTION, ANY QUESTIONS I HAVE ASKED HIM OR HER ABOUT HERBAL VETERINARY MEDICINE, RISKS ASSOCIATED WITH HERBAL VETERINARY MEDICINE, OTHER NON-HERBAL TREATMENTS, THERAPIES, PROTOCOLS OR PROCEDURES THAT ARE OR MAY BE AVAILABLE OR POSSIBLE FOR MY ANIMAL(S) AND I HAVE FREELY AND KNOWINGLY SIGNED THIS CONSENT FORM.

(OWNER/OWNER'S AUTHORIZED AGENT)

(DATE)

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____
