

TCVM Client Informed Consent

I understand that I am the decision maker for my pet's health care and hereby request and consent to the performance of veterinary acupuncture treatments and other procedures within the scope of practice of Traditional Chinese Veterinary Medicine (TCVM) for my pet. Methods of treatment may include acupuncture, aquapuncture, electrical stimulation, laser therapy, Tui-Na (Traditional Chinese massage), Traditional Chinese herbal medications, and nutritional counseling. I understand certain therapies may have not been proven with conventional scientific testing and may not be FDA approved.

As with all veterinary treatments, a guarantee is neither given nor implied. I understand that I am choosing these methods either in place of, or along with conventional therapies, and understand the risks involved in the procedure(s).

I have been informed that acupuncture is generally a safe method of treatment, but as with all types of healthcare interventions, there are some risks to care, including, but not limited to: bleeding at needle insertion sites, pain around needle insertion sites, retained or broken needles, and drowsiness. Infection is another possible risk; however, the clinic maintains a clean and safe environment and sterile disposable needles are used to mitigate this risk as much as possible.

Aquapuncture is the injection of aqueous solutions (Vitamin B-12, saline, Adequan, etc.) into acupuncture points. This allows for longer stimulation of acupuncture points and may be best suited to pets that do not tolerate acupuncture needle placement or need to wait longer between treatment sessions. If Vitamin B-12 is used, you may see pink-red tinged urine for 12-24 hours; this is expected and not a cause for alarm.

Herbs and nutritional supplements (derived from plant, animal, and mineral sources) that are recommend are traditionally considered safe in the practice of TCVM. Possible side effects include but are not limited to: vomiting and diarrhea. Other side effects of specific herbal therapies will be discussed prior to prescribing.

I will notify my pet's veterinary health team of any changes in my pet's health or medical history and if my pet. experiences any side effects from the prescribed therapies.

I hereby authorize Michelle Kordupel, DVM, CVA to perform veterinary acupuncture treatments and other procedures within the scope of practice of TCVM for my pet.

Client Name:	Phone:
Pet Name:	E-mail:

Client Signature: _____

Date: _____

Island Holistic Pet Care
Land & Sea Veterinary Services, LLC
Michelle Kordupel, DVM, CVA

Media & Information Release

I hereby authorize Michelle Kordupel, DVM, CVA and the affiliated veterinary facility permission to take photographs and videos of me and my pet and utilize my pet's medical information for the purpose of scientific case reports, presentations, journal articles, and educational or promotional material.

I hereby release and discharge Michelle Kordupel, DVM, CVA the affiliated veterinary facility from any and all claims arising out of use of these photos, videos, and pet medical information.

In signing this consent, I give authorization to use my name and my pet's name as printed below:

Client Printed Name:
Pet Printed Name:

Client Signature: _____ Date: _____

Island Holistic Pet Care
Land & Sea Veterinary Services, LLC
Michelle Kordupel, DVM, CVA