



A L A M O • H E I G H T S • P E T • C L I N I C , I N C .
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Authorization to Use Alternative Therapies

In addition to our conventional veterinary medical options, we also provide safe alternative therapies. If after an exam and consultation they are deemed necessary, we may use one of these modalities.

I hereby authorize Alamo Heights Pet Clinic and its designated veterinarians to use alternative therapies on my pet. Alternative therapies may include, but are not limited to the following:

- Veterinary Orthopedic Manipulation “VOM”
- Cold Laser
- MagnaVet
- Water Treadmill
- Stem Cell
- Hylartin
- PRP
- Holistic Medicine
- Herbal Medicine
- Essential Oils
- Homeopathy
- Other _____

I understand that the therapies listed above are considered by Texas law to be alternative (nonstandard) therapy in the practice of veterinary medicine.

I understand that the nature and purpose of the therapy suggested for my pet will be explained to me fully before being used. I acknowledge that no guarantee can be made as to the results that may be obtained.

Pet Name: _____

Date: _____

Owner/Authorized Agent Name: _____

Owner/Authorized Agent Signature: _____