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Equine Form

CONSENT TO TREATMENT AND WAIVER OF LIABILITY

By signing this consent form, I do hereby voluntarily give permission for my horse: (Name) _____

to be treated by Dr. Kelly Lockerman and KARE Veterinary Services. I understand that these treatments in no way substitute for the regular veterinary care provided by my veterinary general practitioner and that I am seeking these treatments under the approval of that veterinarian.

Treatment techniques may include: Acupuncture (use of thin sterilized needles), stimulation of those needles by electric stimulation (e-stim) or application of heat in the form of moxibustion, cold laser therapy or laser stimulation of acupuncture points, dermal friction (Tui Na massage), acupressure, herbal therapies, essential oils and dietary counseling.

Acupuncture: I understand that acupuncture is performed by the insertion of sterile needles through the skin at certain points in an attempt to treat bodily dysfunction or disease, to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. These could include, but are not limited to: minor pain, soreness, transient bruising in the treatment area, infection, skin irritation or slight bleeding at the needle site, and generalized fatigue that may last 24-28 hours.

Chinese Herbs: I understand that herbal substances may be recommended to me. I am aware that certain adverse effects may result from taking them; including but not limited to: changes in bowel movements, abdominal pain or discomfort and possible aggravation of symptoms existing prior to herbal treatment. *Should my horse experience any problems that I associate with these substances, I should stop administering them and contact Dr. Lockerman as soon as possible.*

I understand that most conditions will take 6-9 treatments but that no promises or guarantees can be made regarding the outcome of treatment and that reasonable efforts will be made to give me information so that I might make educated decisions regarding the duration and appropriateness of continued care. I understand that I may stop treatment at any time.

I understand that Dr. Lockerman will answer any questions that I have to the best of her ability. I understand that results are not guaranteed. I do not expect Dr. Lockerman to anticipate and explain every possible risk and its complications.

I understand that charges for treatment and/or prescribed and dispensed substances are to be paid for at the time of the visit. Cash, check and credit cards are accepted.

By signing below I consent to treatment and my questions have been answered regarding the content of this document. I intend this consent form to cover the entire course of the treatment for my pets' present condition as well as any future conditions for which I seek treatment.

Signature

Printed Name

Date