



ACUPUNCTURE AUTHORIZATION

CORI GROSS DVM

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AUTHORIZATION TO PERFORM ALTERNATIVE THERAPY

I understand that the following are considered alternative forms of therapy and investigative by mainstream medicine:

Acupuncture – including acupuncture, aquapuncture, electroacupuncture, laser, and lacer therapy.

Herbal Therapy – including herbal medicine and supplements.

I authorize Dr. Gross to perform alternative therapy on my pet and if any unforeseen condition arises calling in her judgment for procedures in addition to or different from those now contemplated, I further request and authorize her to do whatever she deems advisable.

The nature and purpose of the procedures, possible alternative methods of treatment, risks, involved and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained.

Signature: _____

Date: _____

Printed Name: _____

I give permission for Dr. Gross to use digital images of my pet on social media: Y/N