



Wellness Through Mobility

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I, the undersigned, do hereby give my voluntary consent for the administration of acupuncture to my pet/animal. I understand that acupuncture is considered an alternate therapy in veterinary medicine and in Western Australia can only be administered by a registered veterinarian.

Acupuncture has been explained to me as a medical treatment performed by the insertion of sterile (single-use) acupuncture needles through the skin into the underlying tissues and muscles at specific points on the body for the purpose of alleviating pain and/or for treating other clinical conditions.

Associated techniques of acupuncture may be used, including one or more of the following: acupressure, laser therapy, and aquapuncture. I understand that other relevant diagnostics and therapies may also be required to diagnose and treat my pet.

I understand that a minimum of 3 to 5 treatments is often needed before a response to therapy may occur. I recognize that, as in all types of medicine, the response to therapy varies with each patient. I understand that positive effects may not be immediate and are often not noted for 3 days following a session. I realize that neither a guarantee nor warranty can ethically or professionally be made regarding the success of the treatment recommended.

Acupuncture is considered to be extremely safe. Possible side effects of acupuncture, which can occur at any time during the course of therapy, have been explained to me and include the following: bleeding; possible temporary worsening of symptoms; bruising, redness, swelling, or soreness at the treated sites; transient weakness or lethargy post-treatment.

I state that my pet/animal does not have any of the following: Pregnancy, Bleeding Disorder, or Pacemaker.

I state that any questions I have about acupuncture have been answered at this time.

I understand that I assume all financial responsibility for the services rendered and that full payment is due at the time services are rendered. I understand that hospital support personnel will be used as deemed necessary to perform and complete therapy.

I certify that I have read and fully understand all the above terms regarding the treatment of my pet/animal. I also certify that I have the authority to execute this consent.

Owner / Agent Name: _____

Date: _____

Pet Name: _____

Patient I/D: _____

Owner/Agent Signature: _____