



www.hillcountrymobilevet.com
Dr.Janet.Roark@gmail.com
P.O. Box 92402 | Austin, Texas 78709
512.529.1733

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, hemoacupuncture, lacer therapy, laser therapy

Herbal Therapy: Including food therapy and supplementation

Chiropractic and Musculoskeletal Manipulation

Essential Oil Therapy: Including Topical, Internal and Aromatic uses of Certified Pure Therapeutic Grade Essential Oils

I hereby authorize Dr. Roark to perform alternative therapy on my animal and if any unforeseen condition arises calling in her judgement for procedures in addition to or differing 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 _____