

**WELLSPRING VETERINARY SERVICES**

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**AUTHORIZATION TO PERFORM COMPLEMENTARY THERAPIES**

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

ACUPUNCTURE – Traditional acupuncture needling techniques with sterile acupuncture needles.

AQUAPUNCTURE – Injection of small amounts of fluid, such as saline or vitamin B12, into acupuncture points.

ELECTROACUPUNCTURE – Electrical stimulation of acupuncture points.

COOL LASER THERAPY – The use of variable light wavelengths to stimulate acupuncture points.

GOLD BEAD IMPLANTS – Surgical implantation of gold beads into acupuncture points; this is a surgical procedure requiring general anesthesia.

HERBAL THERAPY – Chinese herbs, western herbs and herbs used in other cultures.

CHIROPRACTIC and MUSCULOSKELETAL MANIPULATION

MASSAGE

BACH FLOWER THERAPY

HOMEOPATHY

I authorize Dr. Patricia S. Graham and who ever she may designate as her assistants to perform complementary therapy on my pet and if any unforeseen condition arises calling 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 complementary methods of treatment, the 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.

PATIENT NAME: \_\_\_\_\_ SPECIES: \_\_\_\_\_ SEX: \_\_\_\_\_

CLIENT PRINTED NAME \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_