Informed Consent for TCVM Care

I state that I am the owner/caretaker or agent for the owner of the pet listed below. I consent to holistic medical treatments under the care of veterinarian, Dr. Jamie Walkush of Wholistic Housecalls LLC. within the scope of Traditional Chinese Veterinary Medicine (TCVM) also referred to as “alternative therapies”. These alternative therapies may include acupuncture, laser therapy, Tui-Na, Chinese herbal medications, nutritional and supplement counseling. I understand that the effects of alternative therapies may not have been proven with conventional scientific studies.

I have been informed that acupuncture is a safe method of treatment, however, carries risks that are not limited to: bleeding, pain, or infection at insertion sites, retained or broken needles, and drowsiness.

Acupuncture treatment may include dry needle therapy, aquapuncture, moxibustion, or electroacupuncture. Aquapuncture is the injection of aqueous solutions into acupuncture points. If B-12 is used, you may see pink or red-tinged urine for 12-24 hours as the vitamin is excreted from the body. Electroacupuncture uses electric current to further stimulate nerve function and provide greater pain relief effects. Moxibustion uses the burning of herbs near an acupuncture site to warm and stimulate the points.

Herbal medications, nutritional interventions, and supplements recommended by your veterinarian are generally considered safe. Possible side effects include but are not limited to: inappetence, vomiting, or diarrhea. Specific side effects will be discussed with me at time of prescription recommendation. I understand that Chinese herbal medications are not approved by the FDA.

I understand that I am choosing this treatment either in place of, or along with conventional therapies and understand the risks involved in these treatment(s).

I understand that TCVM techniques treat pattern imbalances in the body which may have taken years to develop. Asking the body to create new patterns is a gradual process that requires follow-up, as patterns shift over time. I understand that my pet’s health is dynamic, and treatment of one condition can reveal other imbalances requiring different therapies. Therefore, I expect that treatment recommendations will change throughout the course of treatment based on how my pet is responding. As with all medical therapies, I understand that a desired outcome is not guaranteed, and treatment may not be curative.

I understand that these services do not encompass all the care needed by my pet, and I am required to maintain a current relationship with a primary care provider. I understand that Wholistic Housecalls LLC provides holisitic veterinary care on an appointment only basis and does not provide routine care, urgent care, emergency care, or surgical services.

 I understand that the goal of holistic medicine is to promote healing, rather than treating symptoms, so my careful observations are both encouraged and necessary to maintain a client/veterinary/patient relationship. I agree to notify Dr. Walkush if there are changes to my pet’s diet, medications, or health status or if my patient experiences any side effects to the prescribed treatment.

Caretaker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caretaker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Media and Information Release

I authorize Dr. Jamie Walkush DVM, CVA, CVTP, CVFT and staff at Wholistic Housecalls LLC to

take and share photos or videos of me and my pet as well as utilize my pet’s medical

information for the purposes of: journal articles, case presentations, scientific research,

educational and promotional materials.

I release Dr. Jamie Walkush and affiliated staff at Wholistic Housecalls LLC from any and all

claims arising from use of my pet’s photos, videos, or medical information.

Caregiver/client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_