

INFORMED CONSENT

VOM TREATMENT RELEASE/AnimalAdjusting.US



I, (THE UNDERSIGNED), DO HEREBY RELEASE THE VOM PRACTITIONER;

\_\_\_\_\_

TO PERFORM VETERINARY ORTHOPEDIC MANIPULATION ON MY PET(S).  
MANIPULATION ON MY PET(S),

- 1. \_\_\_\_\_
- a. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

THIS WILL BE DONE IN THE STATE OF \_\_\_\_\_, LOCATION: \_\_\_\_\_  
THE AFFILIATED OR STATE LICENSED PRACTITIONER (IF REQUIRED) IS:

\_\_\_\_\_

I REALIZE THAT"

- 1. AS WITH ALL MEDICAL PROCEDURES, THIS TECHNIQUE IS BEING APPLIED WITHOUT GUARANTEE OF CURE OR PROMISE OF RELIEF. IN CLINICAL PRACTICE, 7-9% OF CASES DO NOT RESPOND TO VOM.
- 2. THE VOM TECHNOLOGY IS INHERENTLY NON-INVASIVE AND SAFE. TO DATE NO ANIMAL HAS BEEN INJURED WITH THIS METHOD OF DIAGNOSIS AND TREATMENT.
- 3. LIKE VETERINARY ACUPUNCTURE WAS FOR YEARS, THE AVMA STILL REGARDS VETERINARY CHIROPRACTIC TECHNIQUES AS "EXPERIMENTAL" IN THE US. VOM IN AND OF ITSELF IS NOT A CHIROPRACTIC TECHNIQUE, BUT WOULD BE GROUPED IN THIS FASHION.

I, \_\_\_\_\_ WISH TO HAVE VOM DIAGNOSTIC AND  
TREATMENT TECHNOLOGY APPLIED TO MY PET.

SIGNED, \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS, \_\_\_\_\_, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOBILE #: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE \_\_\_\_\_

**FEES: HORSE EACH= \$125.00 Includes first evaluation, with Treatment if necessary or NOT. Laser included with that price. (\$49.00 reg.) Within 15 mile radius thereafter \$75.00/each (horse/donkey/goat/bovine...)  
6+ \$65.00 each treatment after first evaluation.**

Any questions please ask. Thank You. *Dr. Jackie*