

Natural Healing Veterinary Acupuncture, PC

Contact Information

Name: _____
First Last Spouse/Partner

Address: _____
Street Apt.# City State Zip code

Mailing address (if different than above):

Street Apt.# City State Zip code

Phone numbers: _____
Home Cell Work

Email address (for NHVA contact purposes only): _____

Would you like to receive reminders for your pet's appointment? Yes/No (**please circle**)
If so, would you prefer a phone call or email? Phone call/Email (**please circle**) and which
phone number? Home/Cell/Work (**please circle**)

Authorization to Perform Veterinary Acupuncture

I hereby authorize Dr. Becky Jester to perform any combination of dry needle acupuncture, electrical stimulation of needles, acupressure, massage therapy and/or physical therapy as she deems necessary for the treatment of _____. I am aware that there are inherent risks with any procedure, and the nature and purpose of the above listed procedures, as well as any potential side effects, have been fully disclosed. I understand that these treatments are considered complementary or alternative medicine and are not a substitute for traditional Western medicine. I acknowledge that no guarantee of results has been made.

Owner/Authorized Agent (please print): _____

Signature: _____ Date: _____