

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, text or email? Phone call/Text/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, cold laser, massage therapy and physical therapy as she deems necessary for the treatment of my companion _____. 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 conventional Western medicine. I acknowledge that no guarantee of results has been made.

Owner/Authorized Agent (please print): _____

Signature: _____ Date: _____