

LPWC Informed Consent



At Lifetime Pet Wellness Center, we believe an integrative approach to your pet's health is necessary for optimal care. We offer holistic consultations and care for clients interested in this approach.

This document verifies that I am seeking medical care for my pet from the doctors and staff of Lifetime Pet Wellness Center (LPWC) in Columbus, OH.

I understand that Integrative Medicine, as practiced at Lifetime Pet Wellness Center, can be comprised of conventional/allopathic methods and medications, as well as the use of non-conventional methods and medications, etc. The latter may be comprised of acupuncture, veterinary spinal manipulative therapy (VSMT, also known by many as veterinary chiropractic's), Ozone and ozone-ultraviolet biophotonics, homeopathic remedies, nutritional medications, herbal medications, etc. Healthy diet is stressed by LPWC as the foundation of all treatments, using an inclusive approach, it is up to the LPWC veterinarian to determine what individualized approach to treatment would be in the pet's best interest. The overall goal is to not only correct the obvious processes going on, but to heal underlying or contributing issues whenever possible.

I hereby understand that as with other medical approaches, there is no guarantee that improvement will be obtained. Integrative medicine is thought of as a long-term process of healing and lifestyle changes, and an integrated approach to medical therapy may not be as rapid as pharmaceutical or surgical therapy. These methods may involve more patience and effort on my part than conventional methods alone. My pet's improvement is also based upon communication with the medical staff as to any issues or problem during the long-term process, and adherence to recommend treatments. I also understand that, although LPWC non-conventional medicine tends to have less effects and be safe *in most cases*, some do not believe in using the integrative approach for various reasons.

Due to the large variation in product quality, processing and storage techniques, LPWC is unable to comment upon supplements with which we have no experience.

This form will be used to cover all future visits to Lifetime Pet Wellness Center and will remain in full force and affect until withdrawn by me in writing, Please initial next to each consent:

Acupuncture _____

Chiropractic _____

Ozone Therapy _____

Homeopathy/Herbs/Nutritional Therapy _____

Ozone/UVBI Treatment _____

Pulsed Electromagnetic Therapy _____

By my signature below, I certify that I have read and understand the above.

Full Name: _____ Signature: _____

Pet's Name: _____ Date: _____