



Vetrinary Treatment Release

I _____ animal owner acknowledge that:

1. As with all health procedures, VOM technique is applied without guarantee of cure or promise of relief. In clinical practice between 7 and 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.
3. This manipulation is merely provided for the comfort and well being of the animal.
4. Veterinary evaluation and management for any health condition, or suspected health conditions that the animal(s) may have, or may potentially have is necessary to the well being of the animal.

I have been advised regarding treatment options. For any current or potential medical problems of this animal I acknowledge that I have been encouraged to seek a veterinary opinion, or I have already done so.

I (print please) _____ (owner), wish to have the VOM therapy applied to my pet(s) or animal(s)

Signed, _____, date _____

Address, _____, State, _____, Zip, _____

Phone #, _____

Witness, _____, date _____

I (print please) _____ (DVM),

authorize Dr. Chris G. Dalrymple D.C., F.I.C.C. to administer VOM on the animals owned by the individual noted in the application above.

Signed, _____, date _____

Address, _____, State, _____, Zip, _____

Phone #, _____