

Veterinary Orthopedic Manipulation Treatment
Release

I, (the undersigned), do hereby release the VOM practitioner;

Drs. Nancy and/or Barbara Doreo to perform Veterinary Orthopedic

Manipulation on my pet(s),

1. _____
2. _____
3. _____
4. _____
5. _____

This will be done in the state of California, location: _____

The affiliated or state licensed Veterinarian is: _____

Phone Number: _____

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 not a chiropractic technique, but would be grouped in this fashion.
4. The undersigned has been advised as to other treatment regimens such as medicine and surgery and has been encouraged to seek a second professional opinion, or has already done so.

I, _____, wish to

have the VOM Diagnostic and Treatment Technology applied to my pet.

Signed, _____, date _____

Address, _____, State, _____, Zip, _____

Phone #, _____

Witness, _____, date _____