



Acupoint Therapies
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CONSENT FORM

I _____ hereby consent to the performance of or consultation for animal acupuncture, nutrition, essential oils, herbal medicine, body work treatments and other procedures on my horses by Rebecca Douglass. I understand that the methods of treatment may include herbs, acupuncture, acupressure, moxa, bleeding, electrical stimulation, massage, cranio-sacral therapy, myofascial release and essential oils. I am aware that acupuncture, Chinese medicine and the other procedures provided by Rebecca are generally a safe method of treatment but that they may have some side effects like bruising, numbness or tingling near the needling sites that may last for a few days. I understand that sterile, single use needles are used but that infection while rare could occur at the needle site. I understand that burns and scarring while also rare may occur from moxibustion. I also understand that while this document describes the major risks of treatment, other risks and side effects may occur. I do not expect anyone to be able to anticipate and explain all possible risks and complications and I wish to rely on Rebecca Douglass to exercise judgement during the course of treatment which she thinks at the time, based upon facts then known to be in my and my horse's best interest. I understand that results are not guaranteed.

I understand that any kind of alternative treatment provided by Rebecca Douglass is not meant to diagnose my horse in any way and that my horse should be seen by a veterinarian for proper diagnosis. I understand that Rebecca Douglass' services are not meant to replace veterinary care and her work is to inform the owner, caretaker and trainer where energetic restrictions are found while performing body work on the horse. I understand that during a session, multiple restrictions may arise and cannot all be treated at one time. Additional treatments may be necessary.

I understand that any advice provided by Rebecca Douglass is not meant to diagnose my horse in any way and that my horse should be seen by a veterinarian. Consults are not meant to replace veterinary care but to provide complementary strategies for managing health and wellness in my horse. I understand and accept all risks associated with providing these alternatives to my horse or any horse in my care.

I understand that payment is due at time of service.



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I understand and assume the inherent risks involved in equine activities which include but are not limited to bodily injury, physical harm and even death to horses, riders, owners, handlers and spectators from being in close proximity to horses. I understand that horses have a propensity to behave in a way that may result in injury, harm or death to persons around them and/or damage to property in their vicinity. I understand the unpredictability of equine's reaction to such things as sounds, movement, unfamiliar objects, needling or bodywork.

I, on behalf of myself, my family members, my heirs, personal representatives or assigns do hereby agree to release, waive and discharge Rebecca Douglass from any liability or responsibility for accident, damage, injury or illness to myself or any horse owned by me or any horse not owned but used by me, or to any family member or spectator accompanying me. And except in the event of Rebecca Douglass' wanton and willful and/or reckless conduct and/or gross negligence, I agree not to bring any claims, demands, actions and causes of action, and/or litigation against her for any economic and/or non-economic losses due to bodily injury, death, and/or property damage sustained by me or my horse in relation to being treated with above services, while in the care, custody or control of Rebecca Douglass or while acting on the advice from Rebecca Douglass.

I also agree to hold harmless, defend and indemnify Rebecca Douglass from any and all claims of mine, my family members or others arising from my or my horses injury or loss due to her supplying alternative health care to my animals. I covenant not to sue Rebecca Douglass for any present or future claim arising directly or indirectly from her treatments. This includes the inherent risks and the active or passive negligence of Rebecca Douglass.

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I understand these pages are a legal document and that I am signing willingly and voluntarily. I have the choice not to hire Rebecca for her services and therefore not to sign this agreement.

Date: _____

Print Name: _____

Address: _____

Email: _____

Phone: _____

Signature: _____

