

# Marilyn Mitchell, DVM

1731 W University Dr.  
Denton, TX 76201  
940-382-1600 •• 940-566-1537fax  
animaladjustment@aol.com  
www.animaladjustment.com



“Healing Adjustments & Laser Therapy”

Owner's name \_\_\_\_\_ Owner's birth date \_\_\_\_\_

Owner DL# \_\_\_\_\_ Expiration date on DL \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Spouse/Other # \_\_\_\_\_

Email address \_\_\_\_\_

I hereby certify that I am the owner, agent of the owner, or Good Samaritan responsible for seeking veterinary care for my pet(s). I consent to the examination of my pet(s) by Marilyn Mitchell, DVM. I also agree that after consultation with me, Dr Mitchell may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on my pet(s). I understand that Marilyn Mitchell, DVM uses a combination of conventional and alternative medicines and treatments. The Texas State Veterinary Board considers the incorporation of less conventional methods such as herbal medicine, acupuncture, chiropractic, VOM, homeopathy, low level laser therapy (cold laser) and other applied kinesiology, with more conventional methods, such as modern drugs, surgery and diagnostics, to be alternative holistic therapy and that additional release forms may need to be signed when indicated and that I can decline alternative holistic therapy at any time.

**I understand that payment is due when services are rendered.** I understand that an estimate of the costs for veterinary services will be provided to me upon request and that I am encouraged to discuss all fees related to such care before services are rendered. Cash and check only.

I understand there is a \$30 returned check fee and that it may be filed with the DA.

Owner/Agent Signature

Date

# Veterinary Orthopedic Manipulation Treatment Release

I, (the undersigned), do hereby release the VOM practitioner; Marilyn Mitchell, DVM to perform Veterinary Orthopedic Manipulation on my pet(s),

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

This will be done in the state of Texas, location: \_\_\_\_\_

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

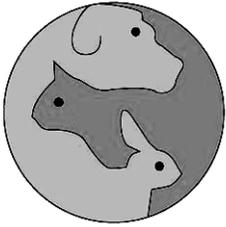
have the VOM Diagnostic and Treatment Technology applied to my pet.

Signed, \_\_\_\_\_, date \_\_\_\_\_

Address, \_\_\_\_\_, State, \_\_\_\_\_, Zip, \_\_\_\_\_

Phone #, \_\_\_\_\_

Witness, \_\_\_\_\_, date \_\_\_\_\_



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Owner's name \_\_\_\_\_

Pet's name \_\_\_\_\_ Species \_\_\_\_\_ (dog, cat, horse, bird etc)

Breed \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ How long you have had pet \_\_\_\_\_

Sex Male / Female Neutered Yes / No Microchip \_\_\_\_\_

Occupation pet / pasture / working-riding style \_\_\_\_\_

Current diet and supplements \_\_\_\_\_

Medications, dosage and when last given \_\_\_\_\_

Previous allergies (medication, food, etc)/Anesthesia Reaction/Seizure Activity \_\_\_\_\_

Veterinarian's Name, Hospital, and Phone \_\_\_\_\_

Compliant/Problem \_\_\_\_\_

When did the problem start \_\_\_\_\_

Previous problems \_\_\_\_\_