



Waiver and Release

I _____, hereby consent to Advanced Allergy Treatment
(Owner/Client)
(AAT) for _____ treatment at the Canobie Lake Veterinary Clinic at
(Pet/Patient)
61 Range Road, Windham, NH 03087.

I understand this procedure is non-invasive. Due to the unpredictable nature of allergies, and related symptoms, results are not guaranteed. It also cannot be guaranteed that new allergies will not develop. While most forms of sensitivity can be treated, some cases do not respond to treatment.

I understand there are medical treatments that must be continued and my veterinarian consulted for continued care and follow-up. I understand before any AAT treatment, my Pet has to undergo medical evaluation by the veterinarian and medical treatments may be suggested, in addition to the AAT treatment.

I understand AAT is to be regarded as a complement to regular veterinary care.

My Pet **does/does not** (please circle one) have life threatening allergies. If answer is "**does**", please list all known life threatening allergies that your pet has.

Signature of Client/Owner (must be over 18 years old)

Date: _____