

WAIVER / DISCLAIMER FOR NON-VETERINARY LICENSED PROFESSIONALS

The undersigned attests that as a **NON-veterinary licensed professional**, I ethically and professionally follow these tenants:

Please read, and initial each bullet point:

I cannot:

- _____ Administer, prescribe or recommend any drugs
- _____ Administer, recommend or prescribe any supplements
- _____ Recommend or provide nutritional consultations
- _____ Advertise or infer that I am a licensed veterinary professional, or specialist

I must maintain:

- _____ A valid licensure for the state(s) in which I practice
- _____ An open communication with the primary veterinary health care provider in charge of providing a “Veterinary-Client-Patient Relationship” for the animal that is being evaluated & treated from the VMRT or VSMT point of view.
- _____ Proper medical records following SOAP methodology

That I have:

- _____ Read, understand, and will follow the rules and regulations as they apply to provide either Veterinary Massage and Rehabilitation or Veterinary Spinal Manipulative Therapies set forth by the governmental agencies of the state/province in which I practice.

By signing below, I attest that I understand this waiver, that I have received a copy of the said waiver and a copy of the “performance evaluation” information, and that I have read and understood the information contained within the course catalog.

Signature: _____ Date: _____

Print name: _____

Program (please circle the one that applies): **VMRT** **VMRT**

Class: Spring or Fall (please circle the appropriate one) **YEAR:** _____

Revised: May 2023