

## WAIVER / DISCLAIMER FOR HEALTHCARE STUDENTS ATTENDING PROGRAMS

The undersigned attests that as a **STUDENT enrolled in an accredited and recognized health care program**, I ethically and professionally follow these tenets:

**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 understand that, even after completing the postgraduate program I registered for and attended, I must provide the following documentation **BEFORE** the certification and diploma can be mailed to me.

- \_\_\_\_\_ A copy of the graduation diploma of the accredited Healthcare program that I attended.
- \_\_\_\_\_ A copy of my professional license.
- \_\_\_\_\_ A copy of the signed Waiver/Disclaimer for Licensed Non-Veterinary Professionals (see website).

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 printed a copy of the waiver for my records, 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 VSMT Other: \_\_\_\_\_**

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

Revised: May 2026