

## **WAIVER / DISCLAIMER FOR NON-VETERINARY LICENSED PROFESSIONALS**

The undersigned attests that as a **NON-veterinary licensed professional**, or a student attending a non-veterinary healthcare professional program, I ethically and professionally will 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 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 made a copy of the said waiver, and that I have read and understood the information contained within the Main 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