



College of Veterinarians of British Columbia

Guidelines for the Responsible Use of Alternative Therapies and Sample Consent Form

To accompany CVBC Bylaws, Schedule D – Accreditation Standards

Alternative therapy is the term most often used to identify the increasing number of therapeutic modalities that are not universally taught in accredited veterinary colleges and therefore are not considered conventional therapy. Other names commonly used for these alternative therapies are complimentary therapies and therapy options.

The Council of the College recognizes the following:

1. Alternative therapies are the practice of veterinary medicine when performed on animals as defined in the Veterinarians Act.
2. Only veterinarians have the education and background to evaluate and integrate alternative therapy into a treatment regime for animals.
3. There is an increasing demand from the public for the use of alternative therapy on their animals.
4. Many alternative therapies have not been substantiated by traditional scientific methods.
5. The scientific evaluation of the merits of each alternative therapy by the regulating authority of the College prior to its implementation is impractical.
6. Registrants working with non-veterinarians are reminded that non-veterinarians providing treatment must remain under direct supervision.

Therefore, the following are the recommendations of the College for the responsible use of alternative therapies by its registrants.

1. Any registrant who wishes to use an alternative therapy must take appropriate continuing education to become knowledgeable about the therapy, its application and its inter-relationship with conventional therapies.
2. Prior to the implementation of any alternative therapy, a proper scientific procedure must be followed to determine the appropriate conventional and/or alternative therapy that is in the best interest of the patient.
3. Individual members will be responsible to evaluate the merits of the alternative therapy on a given case and whether it is used alone or in conjunction with conventional therapy.
4. If the results of an alternative therapy are questioned in a given case, the validity of the therapy will be governed by peer review. When a specific alternative therapy is in question, the peer review will consult with veterinary colleagues knowledgeable in that particular therapy. An important consideration in a peer review will be the appropriate integration of alternative therapy with the conventional therapy. An alternative therapy

must not be selected to the exclusion of a conventional therapy which has known demonstrable benefit to the patient.

5. The known facts and the relative merits of the alternative therapy must be thoroughly explained to the client. Registrants are encouraged to use an Alternative Therapy Client Consent Form. A sample form may be obtained from the College office.
6. The Bylaws do not allow a registrant to advertise a specialty unless the registrant is certified in accordance with the Bylaws.

SAMPLE
Alternative Therapy Consent Form

I understand that there is minimal research supporting the clinical efficacy of the drugs and treatments described below. I also understand that, as of this date, the use of these therapies have not been officially approved for the use in animals.

Alternative therapies which may be used include _____ therapies. I agree to the use of these therapies with the understanding that they may aid in the treatment of my animal's condition.

Dr. _____ has described the procedures and explained to my satisfaction, the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the animal's condition or the outcome of any procedures.

As the owner of the animal described below, and being eighteen years of age or older, I hereby authorize the _____, and in particular, Dr. _____ to treat my animal with these therapies.

I have read this authorization form, and understand it and give my consent.

Client Name: _____

Animal Name: _____

Species: _____

Breed: _____

Age: _____

Signed: _____

Date: _____