**Chiropractic Examination &Treatment Consent Form,**

**And Client Verification of Concurrent Traditional Veterinary Care**

I , owner of the animal described below, and being eighteen years of age or older, do understand, substantiate and authorize the following:

1. Dr. Eilertson is a Doctor of Chiropractic, Licensed in the care of humans. She has attended over two hundred hours of education specific to Animal Chiropractic and has been certified in Animal Chiropractic by the American Veterinary Chiropractic Association.
2. Dr. Eilertson is **not** a veterinarian and **cannot** take responsibility for the primary care of my animal.
3. Chiropractic care **is not** intended to replace traditional veterinary care, but is considered a complementary therapy, to be used concurrently and in conjunction with my veterinarian’s care.
4. I understand that there is minimal research supporting the clinical efficacy of Animal Chiropractic, and that some aspects of my animal’s care may be used in future research data.
5. Dr. Eilertson has explained to me the scope of her care and described the procedures she will be performing on my animal. I understand those procedures and acknowledge that they agree with the American Veterinarian Medical Association’s (AVMA) description of Animal Chiropractic as follows: “Veterinary [Animal] chiropractic is the examination, diagnosis, and treatment of nonhuman animals through the manipulation and adjustments of specific joints and cranial sutures…[Animal Chiropractic **Does not include]** include recommending/dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing tradition veterinary care… The assurance of education in veterinary chiropractic is central to the ability of the veterinary profession to provide this service. Therefore, it is recommended that, where the state's practice act permits, licensed chiropractors educated in veterinary chiropractic be allowed to practice this modality under the supervision of, **or referral by,** a licensed veterinarian who is providing current care.”
6. Dr. Eilertson has explained the risks involved with Animal Chiropractic care to my satisfaction, and I realize that there can be no guarantee as to the nature of my animal’s condition or the outcome of any procedure.

**I hereby authorize Shady Cove Chiropractic, LLC, and in particular Dr.** Gina Eilertson**, Chiropractic Physician to treat my animal with Animal Chiropractic. I certify that my animal has had routine, traditional veterinary care and my current veterinarian is:**

Veterinarian: Phone #

Address: City, State, Zip:

**I certify that I have been open and honest with Dr.** Gina Eilertson **as to all other examinations, diagnostic tests, diagnoses, and treatments for my animal’s conditions. I have read this authorization form, understand it, and give my consent to examine and treat:**

Patient (animal’s) Name: Breed: Age:

Owner’s Name: Phone#

Address: City, State, Zip:

Animals Location:

Trainer: Phone#

Signature: Date:

**Animal Chiropractic Cancellation and No-Show Policy**

Your pet’s appointments are very important to Shady Cove Chiropractic, LLC. They are reserved especially for you. We understand that sometimes schedule adjustments are necessary. Therefore, we respectfully request at least a 24-hour notice for cancellations or rescheduling of appointments.

A “No-Notice/No-Show” is someone who misses an appointment without notice. We have voicemail which can receive messages 24 hours a day. Please understand that when you forget, cancel, or change your appointment without giving enough notice, we miss the opportunity to fill that appointment time, and patients on our waiting list miss the opportunity to receive the care they need.

If arriving late, to your scheduled appointment, please understand that our providers require a specific amount of time to treat your pet and provide them with excellent care. If you are going to be late, please call our front desk to let us know and please understand that we may require you to reschedule your pet’s appointment so we can guarantee there is adequate time for care.

**Please read the following statements carefully and initial:**

\_\_\_\_\_\_ If it is necessary to cancel your pet’s appointment, we require that you call at least 24-hours in advance.

\_\_\_\_\_\_ A **No-Notice/No-Shows** appointment will automatically be billed a **$40 fee**

\_\_\_\_\_\_ If a patient arrives **more than 5 minutes late** for a chiropractic appointment, the patient is **unable to be seen** and will be charged with **“No-Notice/No-Show”** occurrence. Late arrivals for a chiropractic appointment may be subject to a **$40 fee**.

\_\_\_\_\_\_ Failure to cancel your pet’s appointment at least 24-hours in advance may result in a missed appointment or late cancellation fee.

**By signing below, I acknowledge that I understand the terms and conditions of this form. I understand that I am responsible for all incurred fees.**

**Name:** **Date:**

**Signature:**

**Animal Information**

**Animal’s Name:**

**Age: Breed: Sex: Altered: Yes N**

**Color: What is the animal’s Job?**

**Complaints/Problems with the Animal:**

**Duration of Problem:**

**Veterinary Problems/Diagnosis:**

**Referring Veterinarian’s office:**

**Veterinarian’s Name: Phone Number:**

**Medications:**

**Allergies:**

**Anything else we should know?**