_____

Chiropractic Examination &Treatment Consent Form, And Client Verification of Concurrent Traditional Veterinary Care

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

1. Dr. Gina 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. Gina 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. Gina 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. Gina 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:
_____

Do you have multiple animals with the Referring Veterinarian?   Yes   No
_____

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:

Owner's Name: Phone#
_____

Address: City, State, Zip:
_____

Animals Location Circle one: **Home Address Listed Above**   **At a Facility or Stable**
_____

Stable Address: City, State, Zip:
_____

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

_____ A **No-Notice/No-Shows** appointment will automatically be billed as a **fee** equivalent to our current rates which may include the adjustment **and** farm call fees.

_____ 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 **fee** equivalent to our current rates which may include the adjustment **and** farm call fees. (if applicable)

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   No**

_____

Color: **What is the animal's Job?**

_____

Complaints/Problems with the Animal:

_____

_____

Duration of Problem:

_____

Veterinary Problems/Diagnosis:

_____

_____

Surgeries:

_____

_____

Medications:

_____

_____

Allergies:

_____

Anything else we should know?

_____

_____