Client Information Date:

Owner's Name:_____

Address:_____

City, State, Zip:_____

Primary phone number:_____

Email:_____

Animal Information

Animal's Name:_____

Date of Birth (estimate if unknown is fine):_____

Breed:_____ Sex:_____ Altered:_____

Color:_____

Is this a working or performance animal? If yes please list what work/performance activities they are involved in.

_____

_____

Complaints/Problems with animal:_____

_____

How long have they had this problem:_____

Veterinary Problems/Diagnosis:_____

_____

Medications/Supplements:_____

_____

Is there anything else you have tried for this condition? (acupuncture, rehab, laser, etc.)

_____

_____

Consent to treat

Statement of Concurrent Veterinary Care

1. I certify that my animal has received and continues to receive traditional veterinary care.

2. I understand that animal chiropractic is a complementary therapy and is not a substitute for conventional veterinary medicine.

3. I have received a referral for this treatment from a licensed veterinarian.

Acknowledgment and Authorization of Treatment

I, _____,as the owner or authorized agent for _____ (animal's name), hereby acknowledge and authorize the following:

- I understand the goals and scope of animal chiropractic care as described by the AVCA and my practitioner.

- I understand that the practitioner is an AVCA-certified animal chiropractor, who is not a Doctor of Veterinary Medicine (D.V.M.) and cannot act as the primary care provider for my animal.

- The practitioner has explained the recommended procedures, including spinal manipulative therapy, to my satisfaction.

- I understand that, as with any treatment, there are potential risks, including but not limited to temporary soreness, worsening of the current condition, or other unforeseen complications.

- I acknowledge that no guarantee can be made regarding the outcome of treatment.

- I certify that I have been fully transparent about my animal's health history, including any examinations, diagnoses, or treatments.

- I authorize the sharing of records between my animal chiropractor and my referring veterinarian for collaborative care.

- I agree to pay all service fees at the time of the appointment.

Liability Release and Signature

- In consideration of the chiropractic services rendered, I agree to release, indemnify, and hold harmless the AVCA-certified practitioner, their employees, and the referring veterinarian from any and all claims, damages, or liabilities arising from the treatment of my animal.
- I understand I am solely responsible for the behavior of my animal and can be held liable for any harm caused or damage incurred by my animal's behavior.

By signing below, I confirm that I have read and fully understand this consent form.

- Owner's Signature: _____
- Date: _____

Consent to use images

This is optional- if you do not wish for us to use images/videos of your animals please skip this section

I, _____, give Foss Spine and Wellness permission to use photos and/or videos of my animal(s), _____

Where photos may be used

I understand that these photos and videos may be used for any lawful purpose, including advertising, websites, and social media.

What you can do with the photos

I give permission for Foss Spine and Wellness to edit, change, copy, and share these photos and videos.

No payment

I understand I will not be paid for the use of the photos or videos.

Waiver of claims

I release Foss Spine and Wellness from any claims regarding the use of these photos or videos.

By signing below, I agree to the above terms.

Signature

- **Pet Owner Signature:** _____
- **Date:** _____

Communication Authorization

May we text appointment reminders/information to your cell phone?

Yes or No

May we send appointment information or messages to your email?

Yes or No

May we leave appointment information or messages on your answering machine?

Yes or No

May we leave information or messages with the person that answers the phone?

Yes or No

Please list any other contacts that we may discuss your animal's care with (if none just leave blank)

1._____ Phone number:_____

2._____ Phone number:_____

3._____ Phone number:_____

Animals to be included in this authorization:_____

_____

Owner's name_____

Owner's signature_____Date_____