

**CHIROPRACTIC EXAMINATION AND 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:

- Dr. Stephen Ford is a Doctor of Chiropractic, licensed in the care of humans. He has attended several hundred hours of education specific to Animal Chiropractic, and has been certified in Animal Chiropractic by the American Veterinary Chiropractic Association.
- Dr. Stephen Ford **IS NOT** a veterinarian, and cannot take responsibility for the primary care of my animal.
- Chiropractic care **IS NOT** intended to replace traditional veterinary care, but is considered to be a Complimentary Therapy, to be used concurrently and in conjunction with my veterinarian's care.
- Dr. Stephen Ford has explained to me the scope of her care, and described the procedures she will perform on my animal. I understand those procedures and acknowledge that they agree with the American Veterinary Medical Association's (AVMA) description of Animal Chiropractic as follows: "Veterinary [Animal] Chiropractic is the examination, diagnosis, and treatment of nonhuman animals through manipulation and adjustments of specific joints and cranial structures.... Animal Chiropractic **DOES NOT** include dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional 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 by **REFERRAL** of a licensed veterinarian who is providing concurrent care.
- Dr. Stephen Ford 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 **Ford Sport and Spine, PLLC, and Dr. Stephen Ford, to treat my animal(s) with Animal Chiropractic. I certify that my animal has had routine, veterinary care, and my current veterinarian is:**

Veterinarian: _____ Phone: _____

Address: _____

Veterinarian Authorization

I, _____, confirm that I am referring the above client and patient to **Ford Sport and Spine, PLLC, and Dr. Stephen Ford, to treat this animal with Animal Chiropractic. I certify that this animal has had routine, veterinary care, and that I have a valid veterinarian/patient relationship with this client, and this animal.**

Signed: _____ Date: _____

I (animal owner) certify that I have been open and honest with Dr. Ford, as to any and 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 for Dr. Ford to examine and treat:

Patient (Animal) Name: _____ Breed: _____ Age: _____

Patient (Animal) Name: _____ Breed: _____ Age: _____

Patient (Animal) Name: _____ Breed: _____ Age: _____

Patient (Animal) Name: _____ Breed: _____ Age: _____

Owner's Name: _____ Phone: (Day) _____ (Night) _____

Address, City, State, Zip: _____

Animal's Location: _____ Trainer: _____ Phone: _____

Signed: _____ Date: _____