



peak performance
ANIMAL CHIROPRACTIC

Dr. Sarah Wuest BA, DC, FRCCSS(C)
Chiropractic Sport Specialist
International Veterinary Chiropractic Association
Certified Animal Chiropractor

REQUEST FOR VETERINARY CONSENT FOR CHIROPRACTIC TREATMENT

Dr. Name:
Clinic Name:
Clinic Address:
Clinic Fax:

Dear Dr. _____:

The guardian of the patient listed below has requested chiropractic treatment by Dr. Sarah Wuest. Please be aware that your name and/or clinic name has been provided as the primary health care provider for this animal.

Guardian Name: _____ Patient Name: _____
Species: _____ Breed: _____ Age: _____

Please review the following, check the appropriate boxes, and return the form either to the client or Dr. Wuest.

- I approve this patient receiving chiropractic care only by Dr. Wuest
 Other – please describe: _____

Please list any diagnosed medical conditions and/or other relevant information:

Veterinarian Name _____

Veterinarian Signature _____ Date _____

The initial visit includes a complete history and examination, followed by a discussion with the client of treatment options. Treatment commences only after receiving fully informed consent. I believe strongly in multidisciplinary care and collaboration and will refer this animal back to you if it does not respond to care or presents with any new complaints. Please do not hesitate to contact me with any questions or concerns, or if you would like to discuss this case further.

Sincerely,

Sarah Wuest, BA, DC, FRCCSS(C)
IVCA Certified Animal Chiropractor
Current CCPA liability insurance for animal chiropractic

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