



ANIMAL CHIROPRACTIC CONSENT FORM AND VERIFICATION OF CONCURRENT TRADITIONAL VETERINARY CARE

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

1. Dr. Sarah Wuest is a Doctor of Chiropractic, licensed in the care of humans. The International Veterinary Chiropractic Association has certified her in Animal Chiropractic.
2. Dr. Sarah Wuest **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 an Integrative or Complementary Therapy, to be used concurrently and in conjunction with my Veterinarian's care.
4. I understand that Dr. Wuest strongly believes in evidenced-based care and may use some aspects of my animal's care in future research data.
5. Dr. Wuest 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 International Veterinary Chiropractic Association's (IVCA) description of Animal Chiropractic as follows: "Animal chiropractic is the examination, diagnosis, and treatment of animals through manipulation and adjustments of specific joints. Animal chiropractic **DOES NOT INCLUDE** dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care... Therefore, it is recommended that... licensed chiropractors educated in animal chiropractic be allowed to practice this modality under the supervision of, or referral by, a licensed veterinarian who is providing concurrent care."
6. Dr. Sarah Wuest 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 certify that my animal has routine, traditional veterinary care, and my current veterinarian is:

Veterinarian: _____

Veterinarian's phone #: _____

Veterinarian's address: _____

I certify that I have disclosed any and all examinations, diagnostic tests, diagnoses and treatments my animal has received. I have read this consent form, understand it, and give my consent for treatment:

Patient (Animal's) Name _____ Breed _____ Age _____

Animal's Location _____ Trainer _____ Phone: _____

Owner's Name: _____ Signature _____ Date _____

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