

LEVERENZ FAMILY CHIROPRACTIC

Animal Chiropractic Services

Dr. Kendall Burgess, DC

Doctor of Chiropractic

Certified in Animal Chiropractic by the International Veterinary Chiropractic Association (IVCA)

CHIROPRACTIC EXAMINATION & TREATMENT CONSENT FORM AND CLIENT VERIFICATION OF CONCURRENT TRADITIONAL VETERINARY CARE

I, _____, owner or authorized agent of the animal described below, and being eighteen (18) years of age or older, do understand, substantiate, and authorize the following:

1) Dr. Kendall Burgess is a Doctor of Chiropractic licensed in the care of humans. She has completed postgraduate education specific to animal chiropractic and is certified by the International Veterinary Chiropractic Association (IVCA).

2) Dr. Kendall Burgess is **NOT** a veterinarian and cannot take responsibility for the primary veterinary care of my animal.

3) Animal chiropractic care is **NOT** intended to replace traditional veterinary care, but is considered a complementary therapy to be used concurrently and in conjunction with veterinary care.

4) I understand that limited research exists supporting the clinical efficacy of animal chiropractic care, and that some aspects of my animal's care may be used in future research or educational data.

5) Dr. Burgess has explained the scope of animal chiropractic care. According to the IVCA, veterinary chiropractic is the science, art, and philosophy of manually assessing and treating biomechanical dysfunction of the spine and musculoskeletal system to support proper neuromusculoskeletal function. Veterinary chiropractic does not include dispensing medications, performing surgery, injections, prescribing drugs, or replacing traditional veterinary care.

6) I understand that animal chiropractic care is performed only with referral from, or in coordination with, a licensed veterinarian providing concurrent care, as permitted by state law.

7) Dr. Burgess has explained the risks involved with animal chiropractic care to my satisfaction, and I understand that there is no guarantee as to the nature of my animal's condition or the outcome of any procedure.

I hereby authorize Leverenz Family Chiropractic, and in particular Dr. Kendall Burgess, DC, to treat my animal with animal chiropractic care. I certify that my animal has received regular traditional veterinary care and is currently under concurrent veterinary care by:

Veterinarian Name: _____

Clinic: _____

Phone #: _____

I also certify that I have been open and honest with Dr. Burgess regarding all examinations, diagnostic tests, diagnoses, and treatments related to my animal's condition. I have read this authorization form, understand it, and give my consent.

Client Name:

Patient (Animal) Name:

Species:

Breed:

Age:

Signature:

Date: