



Animal Chiropractic Consent Form

I am of lawful age, do understand, and authorize, and can substantiate the following:

1. Renold B. Bleem is a Doctor of Chiropractic licensed in human care. He has completed 220+ hours of post graduate work to become certified by the International Veterinary Chiropractic Association (IVCA) and the American Veterinary Chiropractic Association (AVCA) in order to practice animal musculoskeletal manipulation (MSM).
2. Dr. Renold Bleem is NOT a veterinarian & does not intent to replace traditional veterinary care or take responsibility for my animal's primary healthcare needs. I am seeking MSM for my animal(s) as a complementary therapy to be used concurrently and in conjunction to my current veterinarian.
3. Illinois veterinary law allows non – veterinarian licensed health care professionals to treat animals by providing assistance to a licensed veterinarian.
4. Illinois Law states: "Complementary, alternative, and integrative therapies" means a heterogeneous group of diagnostic and therapeutic philosophies and practices, which at the time they are performed may differ from current scientific knowledge, or whose theoretical basis and techniques may diverge from veterinary medicine routinely taught in accredited veterinary medical colleges, or both. "Complementary, alternative, and integrative therapies" include, but are not limited to, veterinary acupuncture, acupressure, and acupressure; veterinary homeopathy; veterinary manual or manipulative therapy or therapy based on techniques practiced in osteopathy, chiropractic medicine, or physical medicine and therapy; veterinary nutraceutical therapy; veterinary phytotherapy; and other therapies as defined by rule.
5. Dr. Renold Bleem has explained his scope of practice & the procedures to be performed. He has explained risks & benefits of treatment to my satisfaction. I understand that there is no guarantee to the nature of my animal's condition or the resulting outcomes of treatment.

I have read this authorization form, understand it, and give my consent.

Owner Name (Print): _____

Signed: _____ Date: _____

For Office Use Only

Animal's Name: _____ Patient #: _____