

Animal Chiropractic Veterinary Consent Form

Owner Details

Name	
Address	
Telephone	

Animal Details

Name		Breed	
Age		Sex	

Veterinarian

Name		Practice	
Address			
Telephone		Email	

Current diagnosis and/or reason for seeking chiropractic care :

Please document any relevant Past Medical History:

Special instructions / precautions:

Please tick your preferred channel of communication of treatment updates and discharge information:

Telephone

 Written

 Email

I consent for the aforementioned animal to undergo a Veterinary Chiropractic assessment and any appropriate treatment which follows. I understand in providing veterinary consent that I am not responsible for the assessment or treatment provided, and the provision of professional and liability insurance for chiropractic treatment is the responsibility of Anthony Boylan who, as a member of the Register of Animal Musculoskeletal Practitioners, will ensure that appropriate communication will be maintained throughout treatment as indicated with the Veterinarian in charge of the animal's care.

Signature of Veterinary Surgeon providing Consent for Chiropractic Care (Print & Sign/stamp):

Signature..... **Print**:..... **Date**:.....

Stamp