

Chiropractic Examination & Treatment Consent Form and Verification of Concurrent Traditional Veterinary Care

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

1. Dr. Kelly Lester is a Doctor of Chiropractic, licensed in the care of humans. Additionally, she has extensive training and education specific to Animal Chiropractic, is certified in Animal Chiropractic by the Animal Chiropractic Certification Commission (ACCC) of the American Veterinary Chiropractic Association (AVCA), and actively pursues continuing professional education in order to maintain such certification.
2. Dr. Kelly Lester **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 a complementary Therapy, to be used concurrently and in conjunction with my Veterinarian's care.
4. I understand that there is minimal research supporting the clinical efficacy of Animal Chiropractic, and that some aspects of my animal's care may be used in future research data.
5. Dr. Kelly Lester has explained to me the scope of her care, and described the procedures she will perform on my animal. I understand that Dr. Kelly will check my animal for subluxation complexes which affect the muscles, joints and nervous system. I also understand that Dr. Kelly will perform chiropractic adjustments to correct subluxation complexes that are found.
6. Dr. Kelly Lester 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.

By Signing below:

- **I certify that my animal has had routine, traditional veterinary care and I agree that I will hold my Veterinarian harmless in this pursuit of alternative care.**
- **I certify that I have been open and honest with Dr. Kelly Lester as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animal's condition.**
- **I have read this authorization form, understand it, and give my consent to examine and treat my animal(s) with Animal Chiropractic.**

Signature: _____ Date: _____

Silver Linings Chiropractic
Dr. Kelly Lester, DC, cAVCA

The Owner Requests Animal Chiropractic Care for the following Patients:

- 1. Pet's Name: _____ Breed: _____ Age: _____
- 2. Pet's Name: _____ Breed: _____ Age: _____
- 3. Pet's Name: _____ Breed: _____ Age: _____
- 4. Pet's Name: _____ Breed: _____ Age: _____
- 5. Pet's Name: _____ Breed: _____ Age: _____

TO BE COMPLETED BY THE VETERINARIAN

I have been informed of and approve of the above mentioned animals being seen by Dr. Kelly Lester DC, cAVCA for the correction of subluxation complexes through specific Chiropractic adjustments.

OR

I have been informed of and approve of only animals (please circle) 1 2 3 4 5 being seen by Dr. Kelly Lester DC, cAVCA for the correction of subluxation complexes through specific Chiropractic adjustments.

Signed: _____ Date: _____



I wish to receive an emailed record of any services performed on the above animal.

Email: _____

Notes/Additional Requests: _____
