



JOHNSON CHIROPRACTIC ANIMAL CLINIC

304 Norris Road ~ Perth, ON
K7H 3C6 ~ (613) 264-7836

Patient # _____

Chiropractic Examination & Care Consent Form

I, _____, owner of the animal described below and being eighteen years of age or older do understand, substantiate and authorize the following: Dr. Kelly Johnson is a Doctor of Chiropractic, licensed in the chiropractic care of humans. She has attended several hundred hours of education specific to animal chiropractic and is a member of the College of Animal Chiropractors.

I understand that Dr. Johnson is NOT a veterinarian and cannot take responsibility for the primary health care of my animal. I also understand that chiropractic care is NOT intended to replace appropriate veterinary care, but is to be used concurrently.

Dr. Johnson has explained the scope of her care, and described the procedures she will perform on my animal. I understand them and acknowledge that they agree with the College of Chiropractors' Standard of Practice for Chiropractic Care of Animals.

* I hereby authorize Dr. Johnson to adjust and treat my animal with animal chiropractic care. I certify that my animal has had regular veterinary care and is concurrently being treated by:

Veterinarian: _____ Address: _____

I certify that I have been open and honest with Dr. Johnson as to any and all other examinations, diagnostic tests, diagnoses and treatments for my animal's conditions.

Pet's Name: _____ Pet's Age: _____ Species: _____

Breed: _____ Color/Markings _____

Owner's Name: _____

Signature _____ Date: _____