

VETERINARY CONSENT REQUEST FOR CHIROPRACTIC TREATMENT

VETERINARY CLINIC INFORMATION

Dr. Name:

Clinic Name:

Clinic Address:

Clinic Phone:

Clinic Email:

Animal's Name:

Species:

Breed:

Age:

Owner's Name

Owner's Phone:

TO BE COMPLETED BY THE VETERINARIAN

Please review the following and return directly to the client or to Dr. Brian Boisvert

- I approve of this patient receiving chiropractic care by Dr. Brian Boisvert
- I approve of this patient receiving chiropractic care by Dr. Brian Boisvert minus the following areas:

Please list any diagnosed medical conditions, contraindications to chiropractic care, or other relevant health information:

All patients undergo a history and examination followed by a review of treatment options as appropriate. Treatment occurs only with informed consent. Any changes in health, injuries, or non-response to care will be referred back to the treating veterinarian for further examination. Please contact me with any further questions, concerns, or discussions about this patient's case