



Dr. Jessica Greene, ND, DC, CAC
Naturopathic Medical Doctor, Doctor of Chiropractic,
Certified in Animal Chiropractic by the International Veterinary Chiropractic Association
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CHIROPRACTIC EXAMINATION & TREATMENT CONSENT FORM, AND CLIENT VERIFICATION OF CONCURRENT TRADITIONAL VETERINARY CARE

I, _____ owner of the animal described below, and being eighteen years of age or older, do understand, substantiate, and authorize the following:

1) Dr. Jess Greene is a **Doctor of Chiropractic**, licensed in the care of humans. She has attended several hundred hours of education specific to Animal Chiropractic, and has been **certified in Animal Chiropractic** by the **International Veterinary Chiropractic Association**.

2) Dr. Jess Greene **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 Complimentary 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. Jess Greene has explained to me the scope of her care, and described the procedures she will perform on my animal. I understand those procedures and acknowledge that they agree with the American Veterinary Medical Association's (AVMA) description of Animal Chiropractic as follows: "Veterinary [Animal] chiropractic is the examination, diagnosis, and treatment of nonhuman animals through manipulation and adjustments of specific joints and cranial sutures.... [Animal Chiropractic **DOES NOT**] **include** dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care.... The assurance of education in veterinary chiropractic is central to the ability of the veterinary profession to provide this service. Therefore, it is **recommended** that, where the state's practice act permit, licensed chiropractors educated in veterinary chiropractic be allowed to practice this modality under the supervision of, OR REFERRAL BY, a licensed veterinarian who is providing concurrent care."

6) Dr. Jess Greene 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.

I hereby authorize WEST COAST ANIMAL HOSPITAL, and in particular, Dr. Jess Greene, Doctor of Chiropractic, to treat my animal with Animal Chiropractic. I certify that my animal has had routine, traditional veterinary care, and my current veterinarian is (if other than WCAH):

Veterinarian: _____ Phone #: (____) _____

I certify that I have been open and honest with Dr. Jess as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animal's conditions. I have read this authorization form, understand it, and give my consent to examine and treat:

Patient (Animal's) Name: _____ Breed: _____ Age: _____

Owner's Name: _____ Phone: _____

Email _____

Address: _____ City _____ State _____ Zip: _____

Animal's Location: _____ Trainer: _____ Phone: _____

Signed: _____ Date: _____