

**DR. JESSALYNN FREDERICK
COAC CERTIFIED ANIMAL CHIROPRACTOR**

Patient and Owner Information:

Date: _____ Animal's Name: _____

Owner(s) Name: _____

Address: _____

Phone #(s): (H) _____ (C) _____

Email Address: _____

Dog _____ Cat _____ Horse _____ Other: _____

Color: _____ Breed: _____

Age: _____ DOB: _____

Male/Female _____ Altered/Intact _____

Date of spay/neuter: _____

Rescue/Adoption _____ Date: _____

*If rescue or adoption of older animal, were you provided with the health history?

Name of Veterinarian: _____

Address: _____

Phone: _____

Email Address/Website:

Patient Name: _____ **Date:** _____

General Questions:

Plays with (circle as many as apply): Toys People Children Other Animals

Plays: Soft Medium Hard

At play, likes to: _____

Do you have any other animals at home? Please List:

Does your pet have any interactions with other animals? (i.e.: daycare, agility/obedience class, dog park, etc...):

Please list any current or recent medications your pet is on, and for what reason?

Reason(s) for Chiropractic Visit:

Veterinary Visits, Dates and Results/Diagnosis:

Examinations, Lab Tests, X-Ray, Vaccinations, Surgeries, Accidents, MRI, Cat Scan

Any Other Significant Information you feel I should know about?

(For example: type of nutrition, past history, habits, etc...)

CHIROPRACTIC EXAMINATION AND 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. Jessalynn Frederick 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 Veterinary Chiropractic Learning Centre.
2. Chiropractic care IS NOT intended to replace traditional veterinary care, but is considered an Alternative Therapy, to be used concurrently and in conjunction with my Veterinarian's care.
3. Dr. Jessalynn Frederick is NOT a veterinarian, and cannot assume responsibility for the primary care of my animal.
4. Dr. Jessalynn Frederick has described the scope of her care, and described the procedures that she will perform on my animal. I understand them, and acknowledge that they agree with the College of Animal Chiropractors description of Animal Chiropractic as follows: "Animal Chiropractic is the examination, diagnosis, and treatment of non-human animals through manipulation, and adjustments of specific joints and cranial sutures". Animal Chiropractic DOES NOT include: dispensing of medications, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care.
5. Dr. Jessalynn Frederick has described 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.
6. I understand that there is minimal research supporting the clinical efficiency of Animal Chiropractic, and that some aspects of my animal's care may be used in future research.
7. I understand that Dr. Jessalynn Frederick, D.C. is not responsible for any injury to the owner from their animal during treatment.

I hereby authorize Dr. Jessalynn Frederick, Chiropractor, to treat my animal with Animal chiropractic. I certify that my animal has had regular, traditional, veterinary care, and is now currently being treated by:

Veterinarian: _____ **Phone #** _____

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

I have read this authorization form, and understand it and give my consent.

Client Name: _____ Patient Name: _____

Species: _____ Breed: _____ Age: _____

Address: _____

Phone #: _____ Email: _____

Signed: _____ Date: _____

Witness: _____ Date: _____