

Dr. Jennifer Webster BSc, DC
Certified Chiropractor for Large and Small Animals

Consent Form

Name of Owner: _____	Animal: _____
Address: _____	Breed: _____
_____	Use: _____
Home Phone: _____	E-mail: _____
Cell Phone: _____	
Veterinarian: _____	City: _____
Veterinarian Contact Phone Number: _____	
Animal Chiropractor: _____	City: _____
Animal Chiropractor Contact Phone Number: _____	
*Your information (including e-mail) will be used to communicate with you for chiropractic related purposes only.	

I, _____ owner/custodian of the above listed animal, understand that Dr. Jennifer Webster is a Doctor of Chiropractic, licensed in the care of humans. She has attended education specific to chiropractic for animals. **Dr. Jennifer Webster IS NOT a Veterinarian**, and cannot take responsibility for the primary care of this animal. Chiropractic care IS NOT intended to replace traditional veterinary care, but is considered an Alternative Therapy, to be used concurrently and in conjunction with this animal's veterinary care. I acknowledge I have discussed, or have had the opportunity to discuss, with the chiropractor the nature and purpose of chiropractic treatment in general, the risks that may be associated with chiropractic treatment and this animal's treatment in particular (including spinal adjustment), as well as the contents of this Consent. I hereby authorize Dr. Jennifer Webster, chiropractor, to treat this animal with chiropractic care presently and for future treatment. I certify that this animal has had regular, traditional veterinary care, and is now concurrently being treated by the above-mentioned veterinarian. I consent to share the findings from this or any future assessments with the veterinarian listed above or any other veterinarian involved with the care of this animal. *I also certify that I have been open and honest with Dr. Webster as to any and all other examinations, diagnostic tests, diagnoses, and treatments for this animal's conditions.* **I have read this authorization form, understand it, and give my consent.**

Signature: _____ Date: _____

I, _____ owner/custodian of the above listed animal, permit Dr. Jennifer Webster to contact the above named Veterinarian and/or Chiropractor for the above listed animal prior to or following the animal's chiropractic history, examination, and/or treatment with Dr. Jennifer Webster.

Signature: _____ Date: _____