



Five Star Chiropractic, LLC
207-776-2722
DrEm@FiveStarHolisticHorse.com

Consent to Chiropractic Care

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

The purpose of chiropractic services is to promote natural health through the reduction of intervertebral joint restrictions (*a lesion or dysfunction in a joint or motion segment in which alignment, movement integrity and/or physiological function are altered, although contact between joint surfaces remain intact*). The result of this can additionally cause alteration of nerve function and interference to the transmission of the nerve impulses, resulting in a lessening of the animal's innate ability to express its maximum health potential.

Like most health care procedures, chiropractic treatments carry with it some risks. Unlike many such procedures, the serious risks associated with chiropractic care are extremely rare. Similar conditions across patients may respond differently to the same chiropractic care. In rare cases, underlying physical defects, deformities or pathologies, even certain health-challenged animals/ breeds may render the patient susceptible to injury. Certain animals/ breeds, such as chondrodystrophic breeds, are predisposed to respond unpredictably or more commonly, less favorably to chiropractic care.

It is the responsibility of the patient to make known, or to learn through health care procedures whatever their animal is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the Doctor of Chiropractic.

I hereby give my consent to the performance of diagnostic tests, procedures, and chiropractic treatment or management of my animal's condition/s.

Chiropractic care is proven to be one of the safest and most effective forms of healthcare available.

- The provider/s treating and/ or managing my pet/s chiropractic condition/s is/ are a Doctor of Chiropractic, licensed in the care of humans. Additionally, she has received specialized training specific to Animal Chiropractic, and is therefore qualified to perform animal chiropractic services.
- The provider/s and/or managing my pet/s chiropractic conditions is NOT a veterinarian and cannot take responsibility for the primary care of my animal.
- Chiropractic care IS NOT intended to replace appropriate veterinary care but intended to be used concurrently.
- I have read and understand the scope of the animal chiropractic care my pet receive. I understand and acknowledge and 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.
- I hereby authorize and give my consent to the performance of chiropractic tests, procedures, and chiropractic treatment and/or management of my pet's chiropractic condition/s.
- I certify that my animal has had regular veterinary care and is now concurrently being treated by the veterinarian listed above.

Signature: _____ Date: _____



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Consent to Payments

Payment is expected to be paid in full at the time of each service. If payments are not made, Five Star Chiropractic LLC holds the right to stop rendering services. If a check is returned due to insufficient funds in the account, a \$35 penalty fee will be charged to the account.

I, _____, have read and understand the above policies.

Patient signature: _____ Date: _____

Cancellation Policy

We know your time is valuable, and ours is too. Out of respect for our staff and other clients, we ask you give us at least 48-hour notice if you need to cancel an appointment.

The first time a client misses / cancels an appointment, we will make note in your file with no charge. All following missed appointments will incur a fee of 25% of scheduled services.

Patient Signature: _____ Date: _____