

Healthsource Chiropractic Of St Cloud ~ Dr. Melissa Loidolt

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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. Melissa Loidolt is a Doctor of Chiropractic, licensed in the care of humans. She has attended 210 hours of education specific to Animal Chiropractic, and has passed board testing in Animal Chiropractic by the International Veterinary Chiropractic Association.
2. Dr. Melissa Loidolt **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 there is minimal research supporting the clinical efficacy of Animal Chiropractic, and some aspects of my animal's care may be used in future research data.
5. Dr. Loidolt 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 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, 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. Melissa Loidolt has explained the risks involved with Animal Chiropractic care to my satisfaction, and I realize there can be no guarantee as to the nature of my animal's condition or the outcome of any procedure.

I hereby authorize Healthsource Chiropractic Of St Cloud, and in particular, Dr. Melissa Loidolt, Chiropractor, to treat my animal with Animal Chiropractic. I certify that my animal has had routine, traditional veterinary care, and my current veterinarian is:

Veterinarian: _____ Phone #: (____) _____

Veterinary referral received on : _____

I certify that I have been open and honest with Dr. Melissa 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: _____

Owner's Name: _____

E-mail: _____

Home Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

Signed: _____ Date: _____