**Veterinary Authorization Form**

Backhaus Chiropractic, PLLC

I am requesting authorization for the following animal(s) to receive chiropractic examination and treatment by Colton Backhaus D.C., AVCA of Backhaus Chiropractic, PLLC:

**Animal Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age/Breed/Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age/Breed/Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age/Breed/Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, confirm that I am of lawful age and authorize the following:

1. Dr. Colton is a licensed Doctor of Chiropractic, board-certified and proficient in animal chiropractic by completing Parker University Animal Chiropractic program and through the American Veterinary Chiropractic Association.

2. Dr. Colton is not a veterinarian and does not replace traditional veterinary care. Chiropractic care for my animal(s) is sought as a complementary therapy alongside existing veterinary care.

3. I understand that according to state law, veterinary practice includes diagnosing and treating animal health issues. Dr. Colton’s services comply with these regulations, providing complementary therapy under appropriate veterinary supervision or referral.

4. Dr. Colton has explained the scope of practice, treatment procedures, risks, and benefits. I acknowledge there are no guarantees regarding my animal’s condition or treatment outcomes. I understand that adverse reactions, though rare, can occur and will indemnify and hold harmless Dr. Colton and my veterinarian should they happen.

5. I permit my veterinarian to share medical records with Dr. Colton for better understanding and treatment of my animal’s condition.

6. I am aware of the fee structure and agree to pay at the time of service, including travel costs.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Dr. Colton to examine and treat my animal(s) with musculoskeletal manipulation. I certify that my animal has received routine and current veterinary care and that all relevant information has been disclosed regarding my animal's health.

**Owner's Information:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to post pictures/video of your animal on social media? \_\_\_\_Y \_\_\_\_N

**Veterinary Referral Section:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DVM name), authorize Dr. Colton, D.C., AVCA of Backhaus Chiropractic, PLLC to perform chiropractic treatment for the animal(s) listed above. I understand that Dr. Colton will inform me of any adverse reactions or lack of improvement.

I [DO/ DO NOT] (circle one) request that records be sent by email following treatment(s).

I certify that I have:

1. Established a valid veterinarian-client-patient relationship.

2. Examined the animal(s) to determine that musculoskeletal manipulation is not contraindicated.

3. Obtained a signed acknowledgment from the animal owner that chiropractic treatment is appropriate and warranted.

4. The right to request patient visit notes of services rendered during the trial of care.

**Veterinarian's Information**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Veterinary Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Colton at Backhaus Chiropractic, PLLC appreciates your cooperation and trust in providing complementary chiropractic care for your animal(s).