

# Animal Connections Integrative Care, P.A.

**Kyla Awes, DC ~ Certified Animal Chiropractor**

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## **CHIROPRACTIC AND MASSAGE 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 administration of acupuncture, massage, and/or chiropractic care to my animal(s). I understand the following:

1. Dr. Kyla Awes is **NOT** a veterinarians.
2. Chiropractic and massage are **NOT** intended to replace traditional veterinary care, but are considered complimentary therapies, to be used concurrently and in conjunction with my veterinarian's care.
3. I understand that chiropractic and massage therapy: (a) is not like most conventional or drug therapies, in that it has or may have multiple effects on many systems in an animal at a time; (b) it may have no effect; (c) my animal(s) may experience some discomfort from massage or chiropractic treatment, adjustments or manipulations; (d) massage and chiropractic therapy is considered very safe. However possible side effects of massage and chiropractic include temporary worsening of symptoms, transient muscle soreness and transient weakness or lethargy post-treatment.

**I hereby authorize Animal Connections Integrative Care, P.A., and in particular chiropractor, Kyla Awes to treat my animal with chiropractic and massage. I certify that my animal has had routine, traditional veterinary care, and my current veterinarian is:**

Primary Veterinarian: \_\_\_\_\_

**I certify that I have been open and honest with Dr. Awes 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: \_\_\_\_\_