



In Stride
CHIROPRACTIC

instridechiropractic@gmail.com
469-324-9844 (cell)
469-453-3225 (fax)

I am requesting authorization for the following animal(s) to undergo exam and treatment:

Name: _____ DOB/breed/color: _____
Name: _____ DOB/breed/color: _____
Name: _____ DOB/breed/color: _____

I am of lawful age, do understand, authorize, consent, and can substantiate the following:

- CREDENTIALS:** In Stride Chiropractic is comprised of Doctors of Chiropractic licensed in human care. Employees of In Stride Chiropractic have completed postgraduate work in order to become certified by the American Veterinary Chiropractic Association / International Veterinary Chiropractic Association in order to practice animal chiropractic.
- SCOPE:** The employees of In Stride Chiropractic are NOT veterinarians and they do not intend to replace traditional vet care or take responsibility for my animal's primary healthcare needs. I am seeking chiropractic for my animal(s) as a complementary therapy to be used concurrently with my current veterinary care. Texas Law states: "Animal Chiropractic and other forms of musculoskeletal manipulation are systems of therapeutic application of mechanical forces applied manually through the hands or any mechanical device to diagnose, treat and or alleviate impaired or altered function of related components of the musculoskeletal system of non-human animals. Chiropractic...[is] considered to be [an] alternate therap[y] in the practice of veterinary medicine." **22 Tex Admin Code § 573.14.** Chiropractic does NOT include: dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.
- REFERRAL:** Texas law states: "Alternate therapies, including ultrasound diagnosis and therapy, magnetic field therapy, holistic medicine, homeopathy, chiropractic treatment, acupuncture, and laser therapy, are performed only by a veterinarian or under the supervision of a veterinarian" **Sec. 801. 151** It is therefore recommended, that in states where the practice act permits, a human chiropractor educated in animal chiropractic perform all services with REFERRAL from a licensed veterinarian providing concurrent care.
- LASER THERAPY:** During my animal's care, In Stride Chiropractic may choose to incorporate laser therapy to better assist in the healing process. Texas law states: "a licensed veterinarian may perform or prescribe laser therapy... a non-veterinarian employee or agent may perform laser therapy under the general supervision of the veterinarian." **Tex Admin Code § 573.82.** I understand that the use of laser therapy is at my referring veterinarian's discretion based upon their evaluation of my animal.
- RECORD SHARING:** I hereby allow In Stride Chiropractic and my referring vet to share any and all records so they can better collaborate on my animal's treatment. I allow In Stride Chiropractic to share records with any and all members of my animal care team (i.e: trainers, massage therapists, groomers, etc). I hereby also allow use of my pet's health information for research purposes to advance the field of animal chiropractic.
- INFORMED CONSENT:** In Stride Chiropractic has explained their scope of practice and the procedures to be performed. They have explained risks and benefits of treatment to my satisfaction. I understand that there is no guarantee to the nature of my animal's condition or the resulting outcomes of treatment. I understand In Stride Chiropractic's intent is to do no harm, but I also understand that negative reactions to treatment can occur (such as, but not limited to: fracture, dislocation, disc injury, strain/sprain, worsening of present condition, stroke, or neurologic impairment.) I will indemnify and hold harmless In Stride Chiropractic and my referring veterinarian should any negative reactions occur.
- LIABILITY:** In Stride Chiropractic has made me aware that they carry their own malpractice and liability insurance. However, I understand that I am solely responsible for any harm caused by my animal to myself or any other animal, person, or property while under In Stride Chiropractic's care. This includes any financial obligation that may result due to my animal's behavior.
- FEES:** In Stride Chiropractic has made me aware of their fee schedule. I agree to pay at the time of service for services rendered and for travel costs accrued. I do understand and consent that In Stride Chiropractic may save my payment information and can charge cancellation fees if I do not cancel within 24-hour notice of my appointment. I understand that they can deny future services if I have a credit on my account.
- PET INSURANCE:** I understand that In Stride Chiropractic is not a contracted provider with any insurance companies. My insurance policy is a relationship between myself and my insurer. Upon each service, I will be provided a detailed receipt that I may use for my own submission to my insurer. In submission, I understand there is no guarantee for reimbursement for services rendered and I do not hold In Stride Chiropractic responsible for providing any records or receipts to my insurance company as they have provided them to me, the owner, directly.

I (animal owner) hereby authorize In Stride Chiropractic to examine and treat my animal(s). I certify my animal has had routine and current veterinary care and that I have been open and honest as to any and all other examinations, diagnoses, and treatments for my animal's condition.

Signature: _____ Date: _____
Print name: _____
Address: _____
Phone: _____ Email: _____
How did you hear about us? _____
Do we have permission to post pictures/video of your animal on social media? ___Y ___N

(FOR VETERINARIAN TO COMPLETE)

I _____ (print referring vet's name), in compliance with **Rule 573.14**, have performed the following:

- Established a valid veterinarian/client/patient relationship.
- Examined the animal(s) to determine that chiropractic and/or laser therapy is appropriate.
- Obtained a signed acknowledgement by the patient's owner (see above) that chiropractic and/or laser therapy is considered under state law to be an alternative and nonstandard therapy.

Signature: _____ Date: _____
Address: _____
Email (required): _____
Phone: _____ Fax: _____



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In stride
C H I R O P R A C T I C

NEW PATIENT INFORMATION

Animal's name: _____ Social media handle: _____

Animal's birth date: _____ Spay/neuter (date): _____

Your animal's breed/color/weight: _____

Date of last known rabies / coggins: _____

Does this pet have history of abuse or are they nervous/reactive? _____

Date / provider of your animal's last adjustment: _____

Reason for seeking treatment / what caused this and for how long has it been happening:

Current medical conditions, previous accidents & injuries (please date):

Previous surgical procedures or imaging (please date and specify):

Current medications / supplements (please provide dosage):

Current diet & frequency of feeding:

Activity level / do you compete with this animal:

Other members of animal care team (provide email if you'd like them to receive records):

((Horse owners only)) Trainer & boarding barn contact and address:

VET NOTES

