



instridechiropractic@gmail.com

469-324-9844 (cell)

469-453-3225 (fax)

In stride  
CHIROPRACTIC

\_\_\_\_\_ (owner) 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:**

- 1. CREDENTIALS:** In Stride Chiropractic is comprised of Doctors of Chiropractic licensed in human care. Employees and/or contractors 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.
- 2. SCOPE:** The employees/contractors 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 care 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.** Our services do NOT include: dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.
- 3. 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 performs all services with REFERRAL from a licensed veterinarian providing concurrent care.
- 4. 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.
- 5. INFORMED CONSENT:** In Stride Chiropractic has explained their scope of practice and the procedures to be performed. They have explained the 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.
- 6. 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.
- 7. 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/no show fees per their posted practice policies on their website. I understand that they can deny future services if I have a credit on my account.
- 8. 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.
- 9. POLICIES:** I have reviewed, understand, and consent to the practice policies posted on In Stride Chiropractic's website.

**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/videos of your animal on social media?  Y  N

**(FOR VETERINARIAN TO COMPLETE)**

I \_\_\_\_\_ (vet's name), in compliance with **Rule 573.14**, have performed the following:

1. Established a valid veterinarian/client/patient relationship.
2. Examined the animal(s) to determine that the above therapies are appropriate.
3. Obtained a signed acknowledgement by the patient's owner that the above therapies are considered under state law to be alternative and nonstandard.

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

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

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

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

# In stride

## CHIROPRACTIC

### 1. Please tell us more about you and your pet

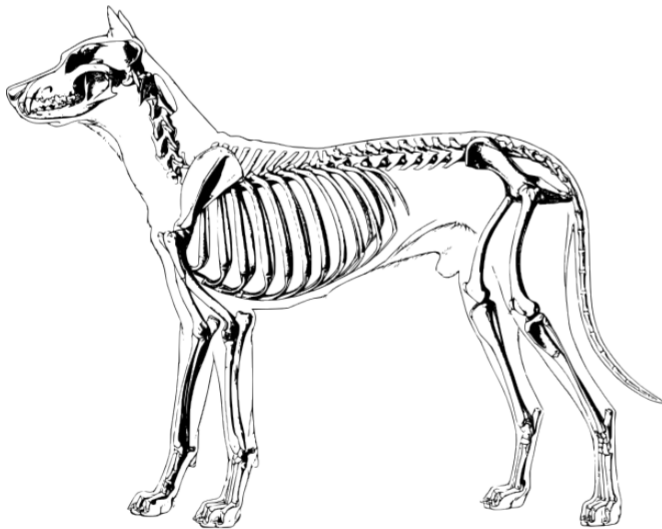
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Owner Street Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred contact method:  
 Text message  Email  Phone call

Pet name \_\_\_\_\_ Gender \_\_\_\_\_ What age / breed / color / weight? \_\_\_\_\_  
 Male  
 Neutered male  
 Female  
 Spayed female

### 2. Draw where your pet is experiencing pain . Please describe if applicable



### 3. What is going on with your pet? (Please write "wellness" below if your pet does not have a complaint.)

- Arthritis
- Hip pain
- Other
- Knee problems
- Shoulder problem
- Spine/ back pain
- Neck pain

Tell us more information here .

\_\_\_\_\_

**4. How long has this been going on? Was there a certain incident / accident that happened? (If your pet does not have a complaint, please write "wellness" below.)**

- This has been going on for several weeks
- This has been going on for several months
- This has been going on for far too long
- Other

**Give us more information here .**

---

**5. What is your biggest concern? (Please write "wellness" if your pet does not have a complaint.)**

- This complaint will worsen
  - I don't know what's wrong or how to help
  - I don't want the risk / cost of surgery
  - I want holistic options / want to avoid over-reliance on pain meds
  - My pet cannot enjoy their day to day routine
  - I want to improve my pet's quality of life
  - I want to get back to a certain activity
  - Other
- 

**6. Previous surgical procedures and / or injuries**

---

---

---

---

**7. What medications/supplements is your pet taking?**

Medication / supplement	Medication / dosage	Frequency	How long has your pet been using this	Do you find this effective?
-------------------------	---------------------	-----------	---------------------------------------	-----------------------------

**8. Does your pet have a history of the following?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Elbow or hip dysplasia<br>_____                     | <input type="checkbox"/> Ligament / tendon disorder<br>(ex: CCL tear)<br>_____             | <input type="checkbox"/> Patellar luxation<br>_____   |
| <input type="checkbox"/> IVDD or osteoarthritis<br>_____                     | <input type="checkbox"/> Cancer<br>_____   | <input type="checkbox"/> Stroke or seizures<br>_____  |
| <input type="checkbox"/> Metal implant / device<br>_____                     | <input type="checkbox"/> Syringomyelia / arnold chiari<br>malformation / Wobblers<br>_____ | <input type="checkbox"/> Paralysis or not using a leg<br>_____                              |
| <input type="checkbox"/> Incontinence (fecal or urinary)<br>_____            | <input type="checkbox"/> Broken bones<br>_____   | <input type="checkbox"/> Metabolic disorder (diabetes,<br>cushings, addisons, etc)<br>_____ |
| <input type="checkbox"/> Chronic steroid usage<br>_____                      | <input type="checkbox"/> Sudden change in hunger or<br>thirst<br>_____                     | <input type="checkbox"/> Autoimmune disorder<br>_____                                       |
| <input type="checkbox"/> Frequent GI upset (vomiting /<br>diarrhea)<br>_____ | <input type="checkbox"/> Congenital disorder<br>_____                                      | <input type="checkbox"/> Heart / lung condition<br>_____                                    |
| <input type="checkbox"/> vision or hearing loss<br>_____                     | <input type="checkbox"/> Other<br>_____  | <input type="checkbox"/> None of the above<br>_____   |

**9. Do you have experience with chiropractic care for animals?**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Yes (if so, insert date of last<br>adjustment below)<br>_____ | <input type="checkbox"/> Yes-- but it didn't work<br>_____ | <input type="checkbox"/> No<br>_____ |
|--|--|--------------------------------------|

**Tell us more about your experience .**

\_\_\_\_\_

**10. What is the goal you want achieved with care?**

\_\_\_\_\_  
\_\_\_\_\_

**11. What food are you feeding? How much and how often?**

\_\_\_\_\_

**12. Do you compete with this animal? What sports?**

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Agility             | <input type="checkbox"/> Barnhunt    | <input type="checkbox"/> Conformation            |
| <input type="checkbox"/> Coursing / fast cat | <input type="checkbox"/> Dock Diving | <input type="checkbox"/> Bite work / police work |
| <input type="checkbox"/> Obedience / rally   | <input type="checkbox"/> Fly ball    | <input type="checkbox"/> Other                   |

**1 3. Other members of the animal care team (please provide email address if you'd like them to receive records)**

---

---

---

---

**1 4. Does your animal have a history of being nervous/reactive? Should they offer to bite, are you okay with us using appropriate restraint methods?**

Yes, my animal is a bite risk,. Please use appropriate restraint

My animal is nervous / reactive, but I would like you to try to utilize fear free methods as much as possible.

My animal should be fine, but you may use restraint as you see necessary

My animal has never offered to bite and I am uncomfortable with any restraint techniques

**1 5. What is the date of your animal's last rabies vaccination? We do require your pet to be current or provide a valid rabies titer.**

---

**1 6. Do you have any records you would like to share prior to the appointment?**

(Please bring attached)

**1 7. Will you be using pet insurance?**

Yes

No

Maybe, I would like more information

**What is the name of your pet insurance company**

---

**1 8. Are you a Parker alum, veterinarian, or vet tech?**

Yes

No

## **INFORMED CONSENT**

I hereby request and consent to chiropractic evaluation and treatment for my animal.

### ***SCOPE***

The employees/contractors 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[s] considered to be [an] alternate therap[y] in the practice of veterinary medicine." 22 Tex Admin Code § 573.14. Our services do NOT include: dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.

### ***THERAPIES TO BE USED***

I understand that my provider may use other therapies during the course of my treatment that come with their own inherent risks. My provider reserves the right to use any of the below selected therapies during my care. The treatments and their possible reactions are listed below.

1. Cryotherapy: skin reactions
2. Heat: skin reactions, 1st/2nd degree burns
3. Traction: irritation of present condition, sprain / strain
4. Myofascial release / massage: localized tenderness, bruising, release of emboli
5. Vibratory massage: deep vein thrombosis
6. Rehabilitation: aggravation of present condition, blood pressure changes, increased heart rate
7. Red light therapy: releases toxins, can damage retina, cannot be used on pregnancy, epileptics, implants, or cancers
8. Instrument assisted soft tissue mobilization: bruising, redness, soreness, release of emboli, release of toxins
9. Kinesiology tape: allergic reaction, skin irritation

Shall I choose for my animal NOT to receive a certain therapy or should their medical condition change, I will let my provider know during my treatment.

### ***POST TREATMENT EXPECTATIONS***

Many patients feel stiff, sore, or achy for a few days following their adjustment. This is common and expected. However, I understand that no medical procedure comes without risk. There can be side effects or complications which can arise during an adjustment that can include: fracture, dislocation, disc injury, strain or sprain, myelopathy, radiculopathy, organ / muscle paralysis, costovertebral strain or separation, and/or neurologic impairment. I understand that if there is underlying congenital and/or cardiovascular problems, some manipulations to the neck can contribute to injuries which may lead to serious complications including stroke. These reactions, although rare, can happen.

### ***DENIAL OF SERVICES***

I understand that my provider is allowed to deny services / treatment should there be a concern for my animal's well being or need for further diagnostic evaluation of their condition. I do not expect the provider to be able to anticipate and explain all risks and complications without proper information. I understand it is my responsibility to tell my provider about any and all of my animal's medical history so they can make an informed decision when treating my animal. Shall I choose not to disclose my animal's full medical history, I assume full responsibility for what negative reactions may occur in reaction to treatment.

## **LIABILITY**

I understand that results are not guaranteed. I agree to hold my provider harmless for claims or damages in connection with my animal's treatment. This is a contract between myself and my provider and I understand that it is also a release of potential 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.

I agree that at time of signature I am oriented as to time and place, am coherent and lucid, and am not on medication or substance that impairs my judgment.

PLEASE INITIAL BELOW TO INDICATE YOU AGREE AND CONSENT

\*

## **PRACTICE POLICIES**

My policies are here to help build a foundation of mutual respect so we can have the very best communication moving forward into our shared relationship of helping your animal feel their very best.

## **SOCIAL MEDIA AND TELECOMMUNICATION**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I reserve the right to not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

## **SCHEDULING**

Please text or call us at our business phone to make appointments. You may also use a provided scheduling widget when visiting us in a preferred location. We may not always answer emails or social media messages, so please plan accordingly. Our business hours to return calls are 9 to 5 M-F and on an emergency basis on Sat. We do not answer messages on Sun or on federal holidays. To optimize travel routes, we only offer house or barn calls during times we are already in your area. This prevents large gaps in our schedule and allows us to be more efficient and serve more animals in need. If you need a certain time for an appointment, we will do our very best to honor your request. Sometimes, we may need to shuffle your appointment to fit in acute patients. Your flexibility is much appreciated as the same accommodation would be made for your pet, should you ever be in need.

## **NEW PATIENT FORMS**

All vet referral forms and patient history must be completed prior to booking. Please fill out the patient history to the best of your ability and try to provide any photos, videos, medical notes, or any diagnostic imaging prior to your appointment. Forms can be completed online or on our home page (printed, scanned in, and emailed.) Forms can be emailed to [instridechiropractic@gmail.com](mailto:instridechiropractic@gmail.com) or faxed to 469-453-3225. If you are unable to be present during your animal's appointment and would like to discuss care, please contact us at least 24 hours BEFORE the start of your appointment.

## **COORDINATION OF CARE**

Due to the referral laws in my state, we are required to send case notes to the veterinarian we have on file. Please notify us should you change your vet office as soon as possible so that we may update your pet's health record and send our notes to the correct provider. When possible, for barns with multiple horse clients, we request that you allow us to coordinate your animal's visit(s) with one point of contact (such as barn manager, or trainer.)

## **MINIMUM TRAVEL REQUIREMENTS**

We value your pet's care, but in order to serve as many clients as possible, we cannot afford to travel to you unless we meet a minimum number of pets.

Our travel radius is posted on our website and is roughly 1 hour of drive time.

If we are traveling 1+ hour, we require a minimum of 3 dogs or 2 horses.

If we are traveling 2+ hours, we require a minimum of 5 dogs or 3 horses.

If we are traveling 3+ hours, we require a minimum of 8 dogs or 5 horses.

We do not travel over 4 hours unless we have a list of over 10 animals with pre-payment.

\*Animal head count is due within 72 hours of the reserved appt time.

## **PERSONAL SECURITY**

Should you book a farm or house call, In Stride may, at its sole discretion, take affirmative steps to ensure the personal safety of its members, owners, employees, managers, officers, independent contractors, patients, or other affiliates while on the premises.

## **TERMINATION**

Ending relationships can be difficult. I may terminate your treatment with me after appropriate discussion with you and a termination process if I determine that professional boundaries are not being upheld, the treatment is not being effectively used, or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If treatment is terminated for any reason or you request another provider, I will provide you with a list of other qualified professionals to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule another appointment with me (within 1 years time), unless other arrangements have been made in advance, for legal and ethical reasons, I will consider the professional relationship discontinued.

## **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, 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.

## **CANCELLATION & MISSED APPOINTMENT / LAST MINUTE ADD ON POLICY**

Please anticipate to receive text/email reminders about your upcoming appointment. You may unsubscribe from these reminders at any time. However, should you need to cancel, please give us at least 24 hours notice (in office appointment) or 72 hours notice (house call) so we can adequately serve our growing wait list. Should you not cancel within this window, a cancellation fee may be charged at our discretion. (~50% of services to be rendered.) Should the payment information on file not process, we reserve the right to add your cancellation fee balance to your next visit. We store payment information securely using our payment processing application, which complies with all current data protection policies. You may request to have your payment information removed at any time. For horse owners, we require a deposit to be paid within 3 days of your appointment. Should you cancel an appointment but not reschedule within 1 week of the cancellation, your deposit will not be refunded. We may not always be able to accommodate last minute add on's. We need at least 72 hours notice of add on's so we can make sure to provide a quality visit for you and your animal. ***Please notify our office within 24 hours should your animal be carrying a highly transmissible disease (ringworm, kennel cough, strangles, etc) so we can make changes to your appointment as needed.***



## **WHAT TO EXPECT**

If visiting an office, please arrive 5-10min before your appointment time. Please potty your pet prior to arrival. If we are coming to you, we will send a message when we are on our way. Although we do book appointments at set times, please allow us 15-20 min grace for elements that are beyond our control. We will do our best to contact you directly should we be running behind. A new patient consultation for small animals is ~30min and ~45min to 1hr for horses. Follow up appointments are ~15 to 20min. We do not always have the luxury of an assistant, and as such, we may require assistance to handle your pet. We ask you please have a handler ready (for house or barn calls) if you do not feel comfortable aiding in your animal's restraint. At our discretion, we may use restraint techniques (ex: muzzle, chain, etc) to facilitate treatment. If you are uncomfortable with this, please talk with us prior to your appointment. Please NO BASKET MUZZLES or PRONG COLLARS on your dogs. Please NO SEDATION for your animals. Please bring your pet's favorite treat or incentive should you have a nervous animal / pet with food allergies. For barn calls: we request enough flat level + dry ground (ideally that is shaded) to facilitate an appointment. Please have your animal caught, cleared of mud, lightly groomed, and feet picked 10min prior to our arrival. Please no show sheen, fly spray, or hoof oil. Please allow your animal 1-2 days post adjustment to rest and recuperate for maximum treatment effectiveness. We will send you + your vet a report of our findings within 5 days of the services rendered.

## **PAYMENT**

Payment is expected at time of service. We accept cards, cash, check, venmo, or zelle. Should you not be able to be present for service, we request you please allow payment information to be saved on file BEFORE the time of your visit. Should your payment bounce at time of payment, we will send an invoice with the expectation to receive payment within 3 days of the provided service. Should this invoice not get paid, we reserve the right to dismiss you as a client. As of Jan 2023, all active clients MUST have a saved card on file to be charged in the event of a no call no show.

Please call us with any questions or concerns with our policies.

PLEASE INITIAL BELOW IF YOU AGREE & CONSENT

\*