



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:

- 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.
- 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.
- 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.
- 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 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.
- 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/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.
- 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.
- 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:

- Established a valid veterinarian/client/patient relationship.
- Examined the animal(s) to determine that the above therapies are appropriate.
- 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 #: _____

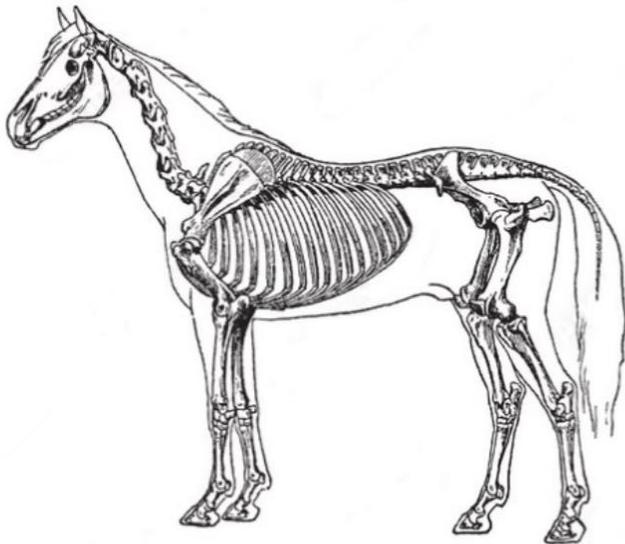
City: _____ State: _____ Zip Code: _____ Mobile Phone: _____

Email: _____ Preferred contact method:
 Text message Email Phone call

Pet name _____ Gender _____ What age/ breed / color? _____
 Male Gelded male
 Female

Boarding barn address _____

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



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

- | | | |
|--|--|---|
| <input type="checkbox"/> Arthritis
_____ | <input type="checkbox"/> Stifle / hock problems
_____ | <input type="checkbox"/> Spine/ back / SI pain
_____ |
| <input type="checkbox"/> Hip pain
_____ | <input type="checkbox"/> Shoulder / withers problem
_____ | <input type="checkbox"/> Neck pain
_____ |
| <input type="checkbox"/> Performance change
_____ | <input type="checkbox"/> Behavior change
_____ | <input type="checkbox"/> Other
_____ |

Tell us more information here .

4. How long has this been going on? Was there a certain incident / accident that happened? (Please write "wellness" if your animal does not have a complaint .)

- | | |
|--|---|
| <input type="radio"/> This has been going on for several weeks | <input type="radio"/> This has been going on several months |
| <input type="radio"/> This has been going on for far too long | <input type="radio"/> Other |

Give us more information here .

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

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

6. Previous surgical procedures and / or injuries

7. What medication/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"/> History of joint injections
_____ | <input type="checkbox"/> Cervical vertebral malformation
_____ | <input type="checkbox"/> EPM / lyme's diagnosis
_____ |
| <input type="checkbox"/> Kissing spine
_____ | <input type="checkbox"/> Stringhalt / shivers
_____ | <input type="checkbox"/> Cancer
_____ |
| <input type="checkbox"/> Ligament / tendon disorder (ex: torn suspensory)
_____ | <input type="checkbox"/> Hoof problem (ex: navicular, founder)
_____ | <input type="checkbox"/> Stroke, seizures, or narcolepsy
_____ |
| <input type="checkbox"/> Broken bones
_____ | <input type="checkbox"/> Metabolic disorder (Diabetes, Cushings, Addison's, etc)
_____ | <input type="checkbox"/> Muscle disorder (PSSM, HYPP, etc)
_____ |
| <input type="checkbox"/> Ring bone / osteoarthritis
_____ | <input type="checkbox"/> Vision or hearing loss
_____ | <input type="checkbox"/> GI ulcers
_____ |
| <input type="checkbox"/> Heart / lung condition
_____ | <input type="checkbox"/> Congenital disorder
_____ | <input type="checkbox"/> Reproductive disorder
_____ |
| <input type="checkbox"/> Autoimmune disorder
_____ | <input type="checkbox"/> Chronic steroid usage
_____ | <input type="checkbox"/> Other
_____ |
| <input type="checkbox"/> None of the above
_____ | | |

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

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

Tell us more about your experience .

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

11. What hay / grain are you feeding? How much and how often?

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

- | | | |
|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Jumping | <input type="checkbox"/> Dressage | <input type="checkbox"/> Trail riding |
| <input type="checkbox"/> Barrels | <input type="checkbox"/> Cutting / roping | <input type="checkbox"/> Eventing |
| <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 or kick, are you okay with us using appropriate restraint methods?

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

My animal is nervous / reactive, but I would like you to not use restraint 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 or kick and I am uncomfortable with any restraint techniques

More information?

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

yes

no

1 8. Due to the nature of traveling to our horse clients, we require a deposit to be made to show a vested interest in keeping your appointment . This invoice is due within 3 days of the appointment . Once paid, your appointment is "confirmed . " How would you like to address future barn call deposit invoices?

Please charge my card on file and send me a receipt for my records

Please send me an invoice via email for me to review and pay each time