



Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Who may we thank for your referral? \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Species: \_\_\_ Dog \_\_\_ Cat ( \_\_\_ Spayed \_\_\_ Neutered \_\_\_ Intact)

\_\_\_ Horse ( \_\_\_ Gelding \_\_\_ Mare \_\_\_ Stud \_\_\_ Colt \_\_\_ Filly)

Other: \_\_\_\_\_

Breed: \_\_\_\_\_

Color/markings: \_\_\_\_\_

Diet/Treats: \_\_\_\_\_

Medications: \_\_\_\_\_

Supplements: \_\_\_\_\_

Does your pet participate in any activities/sports? \_\_\_\_\_

\_\_\_\_\_

History of past surgeries: \_\_\_\_\_

History of major health problems: \_\_\_\_\_

Changes in behavior/duration: \_\_\_\_\_

\_\_\_\_\_

## Consent to Treat

I, \_\_\_\_\_ (owner's name, MUST be at least 18 years old),  
understand and agree to the following:

- 1) Dr. Lauren Koopman is a Doctor of Chiropractic, has taken 220+ hours of animal chiropractic training, and practices exclusively on animals.
- 2) Dr. Lauren Koopman is NOT a veterinarian and cannot replace traditional veterinary care. She has explained the scope of practice for animal chiropractic, procedures that may be performed on my animal, and the risks associated. I realize that there can be no guarantee as to the nature of my pet's condition or the outcome of any procedure.
- 3) I understand the procedures and the following description of animal chiropractic stated by the American Medical Association's (AVMA): "Veterinary chiropractic is the examination, diagnosis, and treatment of non-human animals through manipulation and adjustments of specific joints. The term "veterinary chiropractic" should not be interpreted to include dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care. While sufficient research exists documenting efficacy of chiropractic in humans, research in veterinary chiropractic is limited. Sufficient clinical and anecdotal evidence exists to indicate that veterinary chiropractic can be beneficial. It is recommended that further research be conducted in veterinary chiropractic to evaluate efficacy, indications, and limitations. The assurance of education in veterinary chiropractic is central to the ability of the veterinary profession to provide this service. Veterinary chiropractic should be performed by licensed veterinarians; however, at this time, some areas of the country do not have an adequate supply of veterinarians educated in veterinary chiropractic. Therefore, it is recommended that, where the state's practice acts permit, licensed chiropractors educated in veterinary chiropractic be allowed to practice this modality under the supervision of, or referral by, a licensed veterinarian who is providing concurrent care."
- 4) I assume full responsibility for all charges incurred in the care of my pet and understand that these charges must be paid in full at time of service.

**I certify that my animal receives routine, traditional veterinary care from:**

Veterinary Clinic: \_\_\_\_\_

Veterinarian (if specific doctor): \_\_\_\_\_

**I have been fully open and honest with the information provided above to the best of my ability and agree to update Dr. Lauren Koopman if anything changes. I have read, understand, and consent to the treatment of my pet.**

Patient's Name: \_\_\_\_\_

\_\_\_\_\_  
(Owner's Signature)

**Consent for Use of Pictures/Videos**

I allow Dr. Lauren Koopman to use pictures/videos and case history for purposes to include, but not limited to, social media posts, marketing materials, and patient case studies. (Last name or contact info will NEVER be used)

\_\_\_\_\_ Yes, you may use any and all information related to my pet's case.

\_\_\_\_\_ Limited, you may use the following: \_\_\_\_\_

\_\_\_\_\_ No, you may not use any information related to my pet's case for any of the above mentioned.

Patient's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

\*Please return at your appointment or email to [imprintedanimalchiro@gmail.com](mailto:imprintedanimalchiro@gmail.com)\*

\*\*If you have any questions/concerns, please call at (630) 797 – 0258\*\*