



New Client Welcome Sheet

Welcome to working with Dr. Meg Bacon and Medicine in Motion Veterinary Services! We are so excited to work with you and your animals. Please read, fill out and sign the following agreement that allows us to initiate treatment with your animal.

I, the undersigned, owner/representative of the animal(s) listed below, and being eighteen years or older, do understand, substantiate, and authorize the following:

The purpose of chiropractic services is to promote natural health through the reduction of intervertebral joint restrictions (*a lesion or dysfunction in a joint or motion segment in which alignment, movement integrity and/or physiological function are altered, although contact between joint surfaces remains intact*). The result of this can additionally cause alteration of nerve function and interference to the transmission of nerve impulses, resulting in a lessening of the animal's innate ability to express its maximum health potential.

The purpose of acupuncture is the stimulation of points, typically achieved through the insertion of specialized needles into the body, and sometimes with the use of additional intensifying methods such as aquapuncture, hemo-acupuncture, electroacupuncture, moxabustion or cold laser therapy. The use of Chinese Medicine theory utilizes pattern diagnosis to not only account for disease signs, but how those signs relate to individual patients.

Like most health care procedures, chiropractic and acupuncture carry some risks, however, serious risks are extremely rare. Acupuncture procedures are extremely low risk; highest risk is associated with pregnant animals and the induction of early parturition. An owner/representative of an animal, bringing the animal to Dr. Meg Bacon (Dr. Margaret Bacon-DeSarro), or requesting such services at a specific alternate location, gives the doctor permission and authority to care for the animal in accordance with medical tests, diagnosis, analysis and procedures including and not limited to integrative therapies. It is the responsibility of the client to make known, or to learn through health care procedures whatever their animal is suffering from: latent pathological defects, pregnancy, illnesses or deformities which would otherwise not come to the attention of the doctor.

_____ (Initial/Date) I hereby give my consent to the performance of diagnostic tests, procedures, acupuncture, aquapuncture, electroacupuncture, hemoacupuncture, laserpuncture, and chiropractic treatment or management of my animal's condition(s) and understand the risks associated with such treatments and procedures.

_____ (Initial/Date) I hereby give my consent to the use of images/videos taken of my animal that may be used from time to time in social media marketing, webpages, presentations, or infographics for Medicine in Motion Veterinary Services.

- The provider treating and/or managing my animal(s) chiropractic condition(s) is a Doctor of Veterinary Medicine, licensed in the care of animals, but cannot take responsibility for the primary care of my animal unless a veterinarian-client-patient relationship is established by request of a general health exam. Additionally, she has received specialized training specific to Animal Acupuncture (Certified Veterinary Acupuncturist) and Animal Chiropractic (certified by the International Veterinary Chiropractic Association (IVCA).)
- Integrative health care IS NOT intended to replace primary western veterinary care, but intended to be used concurrently. I have read and understand the scope of the integrative care my pet may receive. I understand and acknowledge and agree with the College of Animal Chiropractors description of Animal Chiropractic as follows: “Animal Chiropractic is the examination, diagnosis, and treatment of non-human animals through manipulation and adjustments of specific joints and cranial sutures”.
- I realize there can be no guarantee as to the nature of my pet’s condition or the outcome of any procedure.
- I certify that I understand that payment is due at time of services, and late fees and/or discontinuation of services may occur should I neglect or delay payment as requested.
- I certify that my animal has had regular veterinary care and is now concurrently being treated by:

Please Indicate Clinic or Fill in Primary Provider Information:

Alpine Hospital for Animals
(Boulder, CO)

Grand Animal Hospital
(Fraser, CO)

Alpine Animal Hospital
(Carbondale, CO)

Other

Other Veterinarian Name/Clinic: _____

I agree to indemnify Dr. Margaret Bacon-DeSarro (known as Dr. Meg Bacon) and Medicine in Motion Veterinary Services LLC against claims arising from all services performed, including claims of injury or harm to the person handling/restraining my animal(s). I agree to hold harmless Dr. Bacon from any and all liability arising out of the above request and the performance of any of the procedures referred to above. I understand that I or my assigned representative/handler accept the liability of risk in assisting with the procedures of my animal.

Please indicate that you have read, understand, and accept this form in its entirety by signing this document. It shall be copied digitally.

 Owner/Handler Name (Print) Signature (Owner) Date

CONTACT (phone/email): _____

Animal Name(s), Approximate Age(s) and Sex(es), and Breed(s), you may choose to indicate all of your animals here that may undergo care now or in the future:

