



I, _____ (animal 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:** Ryan Block Professional Corporation (RBC) is comprised of a Doctor of Chiropractic (DC) licensed in human care. He has completed postgraduate continuing education in order to become certified by the Veterinary Chiropractic Learning Center to be qualified to practice animal chiropractic care in Alberta, Canada.
- SCOPE:** RBC is NOT a veterinarian 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. Our services do NOT include: dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.
- REFERRAL:** Alberta law states: "anyone who is diagnosing, prescribing, treating, manipulating and operating for the prevention, alleviation or correction of a disease, injury, pain, deficiency, deformity, defect, lesion, disorder or physical condition of or in any animal, with or without the use of any instrument, appliance, medicine, drug, anesthetic or antibiotic or biologic preparation, and the giving of advice in respect of anything mentioned in this definition with or without a view to obtaining a fee or other reward is practicing veterinarian medicine without a license." It is therefore recommended that in Alberta, a human chiropractor educated in animal chiropractic performs all services with REFERRAL from a licensed veterinarian providing concurrent care.
- RECORD SHARING:** I hereby allow RBC and my referring vet to share any and all records so they can better collaborate on my animal's treatment. I allow Leduc Chiropractic Clinic/Ryan Block Professional Corporation 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:** RBC 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 RBC 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 RBC and my referring veterinarian should any negative reactions occur.
- LIABILITY:** RBC 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 RBC care. This includes any financial obligation that may result due to my animal's behavior.
- FEES:** RBC 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 RBC 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.

I, _____ (animal owner) hereby authorize Dr. Ryan Block 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 my 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



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.

NEW PATIENT FORMS

All vet referral forms and patient history must be completed prior to booking. Please fill out the **Animal Chiropractic Intake Form** online prior to your appointment. The **Veterinary referral form** can be found on our website at www.leducchiroclinic.com under the animal chiropractic tab. Please print and have your veterinarian complete then scan and email to blockchiropractor@gmail.com.

CANCELLATION & MISSED APPOINTMENT 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. **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

New patient consultation is ~45min to 1hr for horses. Follow up appointments are ~20 to 30min. We do not always have the luxury of an assistant, and as such, we may require assistance to handle your horse. We ask you please have a handler ready (for barn calls). If you are uncomfortable with this, please talk with us prior to your appointment. Please NO SEDATION for your animals. For barn calls: we request enough flat level + dry ground to facilitate an appointment. Please have your animal caught and cleared of mud 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.

PAYMENT

Payment is expected at time of service. We accept cash/credit cards. We request you please allow payment information to be saved on file BEFORE the time of your visit. 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 SIGN & DATE BELOW IF YOU AGREE & CONSENT:

Signature: _____ Date: _____