



Dr. Ryan Block, DC, CAC
VCLC Certified Animal Chiropractor
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REQUEST FOR VETERINARY CONSENT FOR CHIROPRACTIC TREATMENT

Veterinary Doctor Name:
Clinic Name:
Clinic Address:
Clinic Fax:

Dear :

The owner of the patient listed below has requested chiropractic treatment by Dr. Ryan Block. Please be aware that your name and/or clinic name has been provided as the primary health care provider for this animal.

Client Name: _____ Animal's Name: _____

Species: _____ Breed: _____ Age: _____

Please review the following, check the appropriate boxes, and return the form either to the client or Dr. Ryan Block. .

- I approve this patient receiving chiropractic care only by Dr. Ryan Block.
 Other – please describe: _____

Please list any diagnosed medical conditions and/or other relevant information:

Veterinarian Name _____

Veterinarian Signature _____ Date _____

The initial visit includes a complete history and examination, followed by a discussion with the client of treatment options. Treatment commences only after receiving fully informed consent. I believe strongly in multidisciplinary care and collaboration and will refer this animal back to you if it does not respond to care or presents with any new complaints. Please do not hesitate to contact me with any questions or concerns, or if you would like to discuss this case further.

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