



Stride Veterinary Services Release:

I _____, the owner of the patient and/or his or her authorized representative, understand that musculoskeletal manipulation (MSM) is considered to be an alternative (non-standard) veterinary therapy by the California Veterinary Medical Board.

X _____ Date: _____
(Signature)

As the owner of the patient and/or his or her authorized representative:

I ____ DO request,

I ____ DO NOT request,

that my animal's records be shared with my primary care veterinarian.

X _____ Date: _____
(Signature)

Primary veterinarian name: _____

Primary veterinary clinic: _____

Primary veterinarian email: _____

I understand that Stride Veterinary Services is an integrative veterinary practice that does not provide regular emergency services and patient owners must maintain an active primary care veterinarian. For assistance finding a veterinarian near you, visit members.cvma.net. _____ (Initial).