



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 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.

With broad variability across individual animal's unique circumstances, it is difficult to predict the duration and frequency required for the recommended chiropractic procedures.

The chiropractic adjustment or other chiropractic-related clinical procedures are usually beneficial and seldom cause any problems.

Like most health care procedures, chiropractic treatments carries with it some risks. Unlike many such procedures, the serious risks associated with chiropractic care are extremely rare. Similar conditions across patients may respond differently to the same chiropractic care. In rare cases, underlying physical defects, deformities or pathologies, even certain health-challenged animals/breeds may render the patient susceptible to injury. Certain animals/breeds, such as chondrodystrophic breeds, are predisposed to respond unpredictably, or more commonly, less favorably to chiropractic care.

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 chiropractic tests, diagnosis, analysis and procedures. 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, illnesses or deformities which would otherwise not come to the attention of the doctor.

I hereby give my consent to the performance of diagnostic tests, procedures 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 and webpages for Medicine in Motion Veterinary Services, which shall be marked as "photos taken with owner permission."

INITIAL/DATE: _____

Chiropractic care is proven to be one of the safest and most effective forms of healthcare available.

- 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 Chiropractic and is certified by the International Veterinary Chiropractic Association (IVCA.)
- Chiropractic care IS NOT intended to replace appropriate veterinary care, but intended to be used concurrently.
- I have read and understand the scope of the animal chiropractic care my pet will 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, and that the services are to only provide relief from those which are within the scope of animal chiropractic, as defined above.
- I hereby authorize and give my consent to the performance of chiropractic tests, procedures, and chiropractic treatment and/or management of my pet's chiropractic condition(s).
- I certify that my animal has had regular veterinary care and is now concurrently being treated by:

Veterinarian Name/Clinic: _____

Clinic Phone Number and Email Contact: _____

I agree to indemnify Dr. Margaret Bacon-DeSarro (known as Dr. Meg Bacon) against claims arising from all services performed, including claims of injury or harm to the person handling/restraining my animal. 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 printed/presented digitally

Animal Owner Name (Print): _____

Other Authorized Owner(s)/Handler Name(s): _____

Signature (Owner) Date

Signature (Second Owner/Party if Applicable) Date

Phone number(s): _____

Email address(s): _____

Animal Name(s), Approximate Age(s) and Sex(es), Breed(s), and Identifiers (if applicable):

