

Please list anything else that may be of importance \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient printed name**

\_\_\_\_\_  
**Patient signature**

\_\_\_\_\_  
**Printed Name of Parent or Guardian of above named minor**

\_\_\_\_\_  
**Signature of Parent or Guardian of above named minor**

\_\_\_\_\_  
**\*GatesChiropractic MCH w/ Equine, Canine Representative**