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**CHIROPRACTIC EXAMINATION & TREATMENT CONSENT FORM, AND
 VETERINARIAN VERIFICATION OF CONCURRENT TRADITIONAL VET CARE**

I, _____ veterinarian of the animal described below, do understand, substantiate, and authorize the following:

- 1) Dr. Amy Winchester, D.C. is a Doctor of Animal Chiropractic, licensed in the care of humans. She has attended several hundred hours of education specific to animal chiropractic, and has been board certified in animal chiropractic by the International Veterinary Chiropractic Association (I.V.C.A.).
- 2) Dr. Amy Winchester, D.C. is **NOT** a veterinarian, and cannot take responsibility for the primary care of my patient.
- 3) Chiropractic care **IS NOT** intended to replace traditional veterinary care, but is considered a complimentary therapy, to be used concurrently and in conjunction with veterinarian care.
- 4) Dr. Amy Winchester, D.C. has explained to me the scope of care, and described the procedures she will perform on my patient. I understand those procedures and acknowledge that they agree with the American Veterinary Medical Association's (AVMA) description of animal chiropractic as follows: "Veterinary [Animal] chiropractic is the examination, diagnosis, and treatment of nonhuman animals through manipulation and adjustments of specific joints and cranial structures...[Animal Chiropractic **DOES NOT**] **include** dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care... The assurance of education in veterinary chiropractic is central to the ability of the veterinary profession to provide this service. Therefore, it is recommended that, where the state's practice act permits, licensed chiropractors educated in veterinary chiropractic be allowed to practice this modality under the supervision of, OR REFERRAL BY [my emphasis], a licensed veterinarian who is providing concurrent care."
- 5) Dr. Amy Winchester, D.C. has explained the risks involved with animal chiropractic care to my satisfaction, and I realize that there can be no guarantee as to the nature of my patient's condition or to the outcome of any procedure.

I hereby authorize Dr. Amy Winchester, D.C., Chiropractic Physician, to treat my animal patient with animal chiropractic. She has my permission to treat this animal remotely without my direct supervision, just my consent. I certify that my animal patient has had routine, traditional veterinary care, & my information is:

Veterinarian: _____ Phone: (_____) _____

Address: _____

I certify that I have been open and honest with Dr. Amy Winchester, D.C. as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my patient's conditions. I have read this authorization form, understand it, and give my consent to examine and treat:

Patient (Animal's) Name: _____ Breed: _____ Age: _____

Owner's Name: _____ Phone: (_____) _____

Address: _____ City, State, Zip: _____

Animal's Location: _____ Trainer & Phone: _____

Signed: _____ Date: _____

Please use the back of this page or attach any additional documents regarding this patient. Thank you for your time.