



I understand that chiropractic care is not intended to replace traditional veterinary care, but is considered an alternative therapy to be used concurrently and in conjunction with veterinary care. The procedure has been explained to my satisfaction. I understand the reason for chiropractic adjustments and the risks associated. I realize that there can be no guarantee as to the outcome of the procedure.

As the owner or agent of the animals listed below, I hereby authorize Creekside Veterinary Clinic's doctor(s) to adjust my animals.

Client's name _____ Phone: _____

Address: _____ Email: _____

Signature _____ Date _____

Animal's Name _____ Breed _____ Age _____

Animal's Name _____ Breed _____ Age _____

Animal's Name _____ Breed _____ Age _____

Animal's Name _____ Breed _____ Age _____

Animal's Name _____ Breed _____ Age _____