



www.DrSummerDC.com
SAAnimalchiro@gmail.com
(830) 377-4009

I am requesting authorization for the following animal(s) to undergo exam and treatment:

Name: _____ DOB/breed/color: _____

Name: _____ DOB/breed/color: _____

Name: _____ DOB/breed/color: _____

I am of lawful age, do understand, authorize, consent, and can substantiate the following:

- 1. CREDENTIALS:** Dr. Summer, LLC is comprised of Doctors of Chiropractic licensed in human care. Employees / contractors of Dr. Summer, LLC have completed postgraduate work in order to become certified by the American Veterinary Chiropractic Association / International Veterinary Chiropractic Association in order to safely and effectively practice on animals.
- 2. SCOPE:** The employees / contractors of Dr. Summer, LLC are not veterinarians and they do not intend to replace traditional vet care or take responsibility for my animal's primary healthcare needs. I am seeking chiropractic and/or rehabilitation for my animal(s) as a complementary means to be used concurrently with my current veterinary care. Texas Law states: "Animal Chiropractic and other forms of musculoskeletal manipulation are systems of therapeutic application of mechanical forces applied manually through the hands or any mechanical device to diagnose, treat and or alleviate impaired or altered function of related components of the musculoskeletal system of non-human animals. Chiropractic...[is] considered to be [an] alternate therap[y] in the practice of veterinary medicine." 22 Tex Admin Code § 573.14. Our care does NOT include: dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.
- 3. REFERRAL:** Texas law states: "Alternate therapies, including ultrasound diagnosis and therapy, magnetic field therapy, holistic medicine, homeopathy, chiropractic treatment, acupuncture, and laser therapy, are performed only by a veterinarian or under the supervision of a veterinarian" Sec. 801. 151 It is therefore recommended, that in states where the practice act permits, a chiropractor working on animals perform all services with REFERRAL from a licensed veterinarian providing concurrent care.
- 4. RECORD SHARING:** I hereby allow Dr. Summer, LLC and my referring vet to share any and all records so they can better collaborate on my animal's treatment. I allow Dr. Summer, LLC to share records with any and all members of my animal care team (I.e: trainers, massage therapists, groomers, etc). I hereby also allow use of my pet's health information for research purposes.
- 5. INFORMED CONSENT:** Dr. Summer, LLC has explained their scope of practice and the procedures to be performed. They have explained risks and benefits of treatment to my satisfaction. I understand that there is no guarantee to the nature of my animal's condition or the resulting outcomes of treatment. I understand Dr. Summer, LLC's intent is to do no harm, but I also understand that negative reactions to treatment can occur. I will indemnify and hold harmless Dr. Summer, LLC and my referring veterinarian should any negative reactions occur.
- 6. LIABILITY:** Dr. Summer, LLC has made me aware that they carry their own malpractice and liability insurance. However, I understand that I am solely responsible for any harm caused by my animal to myself or any other animal, person, or property while under Dr. Summer, LLC's care. This includes any financial obligation that may result due to my animal's behavior.
- 7. FEES:** Dr. Summer, LLC has made me aware of their fee schedule. I agree to pay at the time of service for services rendered and for travel costs accrued. I do understand and consent that Dr. Summer, LLC may save my payment information and can charge cancellation fees if I do not cancel within 24-hour notice of my appointment. I understand that they can deny future services if I have a credit on my account.



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8. **PET INSURANCE:** I understand that Dr. Summer, LLC is not a contracted provider with any insurance companies. My insurance policy is a relationship between myself and my insurer. Upon each service, I will be provided a detailed receipt that I may use for my own submission to my insurer. In submission, I understand there is no guarantee for reimbursement for services rendered and I do not hold Dr. Summer, LLC responsible for providing any records or receipts to my insurance company as they have provided them to me, the owner, directly.

I (animal owner) hereby authorize Dr. Summer, LLC to examine and treat my animal(s). I certify my animal has had routine and current veterinary care and that I have been open and honest as to any and all other examinations, diagnoses, and treatments for my animal's condition.

Signature: _____ Date: _____

Print name: _____

Address: _____ Phone: _____

Email: _____

How did you hear about us? _____

Do we have permission to post pictures/video of your animal on social media? ___Y___N

(FOR VETERINARIAN TO COMPLETE)

I _____ (print referring vet's name), in compliance with **Rule 573.14**, have performed the following:

1. Established a valid veterinarian/client/patient relationship.
2. Examined the animal(s) to determine that the listed therapies are likely to be nonharmful.
3. Obtained a signed acknowledgement by the patient's owner (see above) that the listed therapies are considered under state law to be an alternative and nonstandard.

Signature: _____ Date: _____

Address: _____

Email (required): _____

Phone: _____