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# MOTION WELLNESS ANIMAL CHIROPRACTIC/ANOKA-ANDOVER CHIROPRACTIC, PA

Nationally Certified Animal Chiropractor through the AVCA (American Veterinary Chiropractic Association) Certification #1095

**Dr. Keith Billstein, D.C**

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## CHIROPRACTIC EXAMINATION & TREATMENT CONSENT FORM, AND CLIENT VERIFICATION OF CONCURRENT TRADITIONAL VETERINARY CARE

I, \_\_\_\_\_ owner of the animal described below, and being eighteen years of age or older, do understand, substantiate, and authorize the following:

- 1) Dr. Keith M. Billstein is a Doctor of Chiropractic, licensed in the care of humans; He has attended several hundred hours of education specific to Animal Chiropractic at Parker University, and has been Nationally Certified through the American Veterinary Chiropractic Association.
- 2) Dr. Keith M. Billstein **IS NOT** a Veterinarian and cannot take responsibility for the primary care of my animal.
- 3) Chiropractic Care **IS NOT** intended to replace traditional veterinary care, but is considered a Complimentary treatment, to be used concurrently and in conjunction with my Veterinarian's Care.
- 4) I understand that there is a need for more research supporting the clinical efficacy of Animal Chiropractic, and that some aspects of my animal's care may be used in future research data and publications including any pictures of my animal.
- 5) Dr. Keith M. Billstein has explained to me the scope of his care, and described the procedures he will perform on my animal. 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 sutures...[Animal Chiropractic **DOES NOT**] include dispensing education, 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 permit, 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."
- 6) Dr. Keith M. Billstein 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 animal's condition or the outcome of any procedure.
- 7) I authorize Dr. Keith Billstein/Motion Wellness Animal Chiropractic to use pictures of my animal(s) on his website and or Facebook for the purposes of demonstration or education.

**I hereby authorize Motion Wellness Animal Chiropractic, and in particular, Dr. Keith M. Billstein, Chiropractic Physician, to treat my animal with Animal Chiropractic. I certify that my animal has had routine, traditional veterinary care, and my current veterinarian is:**

Veterinarian: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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

Patient (Animal's) Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone(Day): \_\_\_\_\_ Evening: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Animal's Location: \_\_\_\_\_ Trainer: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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