

DR. ART LABELLE, ANIMAL CHIROPRACTOR
Human Practice Address
3900 South 715 East, Suite 108
Salt Lake City, Utah 84107
(801) 268-8090

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, substantiate, and authorize the following:

1. Dr. Art Labelle is a Doctor of Chiropractic, licensed in the care of humans. He has attended several hundred hours of education specific to Animal Chiropractic, and has been certified in Animal Chiropractic by Options for Animals, an approved certification program by an American Veterinary Chiropractic Association.
2. Dr. Art LaBelle 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 an adjunctive therapy to be used concurrently and in conjunction with a licensed veterinarian's care.
4. Animal chiropractic is a new specialty. I understand that there is minimal research supporting the clinical efficacy of animal chiropractic and that some aspects of my animal's care may be used in future research data.
5. Dr. LaBelle has explained to me the scope of his care, and described the procedures he will perform on my animal. I understand them, and acknowledge that they agree with the American Veterinary Medical Association's (AVMA) description of Animal Chiropractic as follows: "Veterinary chiropractic is the examination, diagnosis, and treatment of nonhuman animals through manipulation and adjustments of specific joints and cranial sutures. Veterinary chiropractic IS NOT dispensing of medication, performing surgery, injecting medications, recommending supplements or replacing traditional veterinary care.
6. Dr. LaBelle has explained the risks involved with animal chiropractic to my satisfaction and I realize there can be no guarantee as to the nature of my animal's condition or the outcome of any procedure.

I also certify that I have been open and honest with Dr. LaBelle as to any and all other examinations, diagnostic tests, diagnosis, and treatment for my animal's conditions. I have read this authorization form, and understand it and give my consent.

Client Name: _____ Patient Name: _____

Species: _____ Breed: _____ Age: _____

Signed: _____ Date: _____