

Animal Chiropractic Examination & Treatment Consent Form and Verification of Concurrent Traditional Veterinary Care

Cheryl Tarateta, DC
(508) 723-4494 cheryl.tarateta@gmail.com

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

1. Dr. Cheryl Tarateta is a Doctor of Chiropractic, licensed in the care of humans. She has attended several hundred hours of education specific to animal chiropractic at Options for Animals College of Animal Chiropractic and has been internationally Certified through the International Veterinary Chiropractic Association (IVCA).
2. Dr. Cheryl Tarateta **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 photos of my animal.
5. Dr. Cheryl Tarateta has explained to me the scope of her care and described the procedures she will perform on my animal. I understand those procedures.
6. Dr. Cheryl Tarateta 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. Cheryl Tarateta to use pictures of my animal(s) on her website and/or social media for the purposes of demonstration or education.

I hereby authorize Dr. Cheryl Tarateta, 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. Tarateta 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:

Pet's name: _____ Breed: _____ Age: _____

Owner/Caregiver: _____ Phone: _____

Address: _____

Email: _____

Signature: _____ Date: _____