



Rosenberg Chiropractic Clinic

Dr. Paul Rosenberg, Animal Chiropractor & Acupuncture
4202 dundas st. w., toronto, on m8x 1y6

416-231-2487
admin@petsinmotion.ca
www.petsinmotion.ca

Animal Name: _____

Breed: _____

Sex: M F Neutered Spayed Age: _____

Veterinarian's Name/Clinic: _____

CHIROPRACTIC EXAMINATION & TREATMENT CONSENT

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

1. Dr. Paul Rosenberg is a Doctors of Chiropractic, licensed in the care of humans and animals.
2. Dr. Paul Rosenberg is NOT a veterinarian. My veterinarian may be contacted by Rosenberg Chiropractic Clinic.
3. Chiropractic care IS NOT intended to replace traditional veterinary care, but is considered as specialized complementary therapy, to be used concurrently and in conjunction with my veterinarian's care.
4. I understand that there is ongoing research supporting the clinical efficacy of Animal Chiropractic and that photos may be taken, and/or aspects of my animal's history and care may be used for future education, research or promotional use.
5. Dr. Paul Rosenberg has explained the nature of his/her care, and described the procedures he will perform on my animal. I understand them and acknowledge that they are consistent with the College of Chiropractors' and the College of Veterinarians' Standard of Practice for the manipulation of animals.
6. I understand that the adjustments Dr. Paul Rosenberg give my animal is entirely at my own risk.

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

Client/Owner Name: *(please print)* _____

Address: _____

City _____ Postal Code _____

Phone: (res) _____ (cell) _____ (bus) _____

Email: _____ *(We will remind you of your app'ts via this email)*

Who referred you to our clinic? _____

Signed: _____

Date: _____