Chiropractic

CONSENT TO PROCEDURES

I, _____, owner of the animal described below, and being eighteen (18) years of age or older, do understand, substantiate, and authorise the following:

1. Drs Matthew and Sharith Sippel are licensed Human Chiropractors. They have attended several hundred hours of education specific to Animal Chiropractic, and are certified to perform animal chiropractic by Options for Animals and the International Veterinary Chiropractors Association.
2. Drs Matthew and Sharith Sippel are NOT veterinarians, 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 Alternative Therapy, to be used concurrently and in conjunction with my Veterinarian's care.
4. I understand that at present, 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. Drs Matthew or Sharith Sippel have explained to me the scope of their care, and have described the procedures they will perform on my animal.
6. Drs Matthew or Sharith Sippel have explained the risks involved with Animal Chiropractic care to my satisfaction, and I realise that there can be no guarantee as to the nature of my animal's condition or the outcome of any procedure.
7. I also acknowledge that Coast to Country Animal Chiropractic may offer Equine Massage services for relaxation and relief of muscular tension and discomfort. I understand that massage increases circulation and may leave my animal feeling sore afterwards due to the release of lactic acid.
8. In addition to this, Drs Matthew and Sharith Sippel may determine that my animal's condition may respond to Biomesotherapy/Biopuncture. In this case, saline solution will be inserted into important trigger points, pain points or acupuncture points. As with any procedure that punctures the skin, infection is a risk. The skin around the injection site can remain red and itchy until the next day. Rarely, it might aggravate some pain.

If you have any questions related to the treatment your animal is about to receive, please speak to the chiropractor.

- This consent form is for all treatments for the same and related symptoms
- I have had explained to me any terms in this consent form that I do not understand
- I have informed the Chiropractor of any treatments I do NOT wish my animal to receive
- I understand Drs. Matthew and Sharith Sippel have further completed university studies in Equine Rehabilitation, Equine Nutrition, Equine Behaviour and Handling, and are currently completing Equine Stud Management.
- I have informed the practitioner of any concerns I have about the effect on my animal's health that I am concerned about before undergoing the procedures.
- The alternatives to the treatment are: * No treatment * Veterinary care * Animal Physiotherapy * Other _____
- **I UNDERSTAND THAT IF I FAIL TO KEEP AN APPOINTMENT WITHOUT 24 HOURS NOTICE OF CANCELLATION, I WILL BE REQUIRED TO PAY FOR THAT TREATMENT.**

I certify that my animal has had regular, traditional veterinary care, and is now concurrently being treated by:

Veterinarian: _____ Phone Number (If known) _____

I have discussed the above information with the chiropractor, understand it and give my consent to treatment.

Owner's Name:_____ **Animal's Name:** _____

Species:_____ **Breed:** _____ **Age:**_____

Owner's Signature: _____

Chiropractor's NAME: Dr Matthew Sippel / Dr Sharith Sippel

Chiropractor's SIGNATURE: _____ Date:_____