

# Animal Connections Integrative Care, P.A.

**Kyla Awes, DC ~ Equine Bodyworker & Certified Animal Chiropractor**

By the AVCA (American Veterinary Chiropractic Assoc.) & IVCA (International Veterinary Chiropractic Assoc.)  
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## CHIROPRACTIC AND MASSAGE 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 administration of chiropractic care and/or massage therapy to my animal(s). I understand the following:

1. Dr. Kyla Awes is a licensed Doctor of Chiropractic **NOT** a veterinarian.
2. Bodywork techniques and chiropractic care are **NOT** intended to replace traditional veterinary care, but are considered complimentary therapies, to be used concurrently and in conjunction with my veterinarian's care.
3. I understand that bodywork and chiropractic care: (a) are not like most conventional or drug therapies, in that it has or may have multiple effects on many systems in an animal at a time; (b) it may have no effect; (c) my animal(s) may experience some discomfort from bodywork techniques or chiropractic treatment, adjustments or manipulations; (d) chiropractic care and other bodywork techniques are considered very safe. However possible side effects of chiropractic care or other bodywork techniques may include temporary worsening of symptoms, transient muscle soreness and transient weakness or lethargy post-treatment.

**I hereby authorize Animal Connections Integrative Care, P.A., and in particular, Kyla Awes, to treat my animal with chiropractic care and/or other bodywork techniques. I certify that my animal has had routine, traditional veterinary care, and my current veterinarian is:**

Primary Veterinarian: \_\_\_\_\_

**I certify that I have been open and honest with Dr. Awes 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: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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