



Request For Veterinary Consent for Chiropractic care

Chiropractic Care is **NOT** intended to replace traditional veterinary care.

Name of Owner:

Name of Animal:

Breed:

Name of Vet:

Practice Name & Address:

Phone Number:

Reason for seeking Chiropractic Care

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Comments:

I authorize Worthington Chiropractic to give chiropractic treatment to the above named animal.

Signed:

Date:



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