

[FOR ANIMAL OWNER TO COMPLETE]



I am requesting authorization for the following animal(s) to undergo Chiropractic exam and treatment by

Dr Kayla Marquardt, D.C. of Full Potential Chiropractic & Wellness:

Name: _____ Age/breed/weight: _____

Name: _____ Age/breed/weight: _____

Name: _____ Age/breed/weight: _____

I am of lawful age, do understand, authorize, and can substantiate the following:

1. Dr Kayla Marquardt is a Board-Certified Doctor of Chiropractic licensed by the state of South Dakota (License # 1399). She has completed postgraduate work in order to demonstrate proficiency and received her certification by the International Veterinary Chiropractic Association in order to practice animal chiropractic.
2. Dr Kayla Marquardt is not a veterinarian and does not intend to replace traditional veterinary care or take responsibility for my animal's primary healthcare needs. I am seeking chiropractic care for my animal(s) as a complementary therapy to be used concurrently and in conjunction to my current veterinary care.
3. South Dakota Law states: "Any person shall be deemed in the practice of veterinary medicine who represents himself as or is engaged in the practice of veterinary medicine in any of its branches either directly or indirectly, or uses any words, titles, or letters, to title so as to signify that he is a veterinarian, or who for a fee diagnoses, prescribes or administers any drug, medicine, appliance, application, or treatment of whatever nature, or performs a surgical operation or manipulation, or conducts any autopsy or biopsy, for the prevention, cure, or relief of a pain, deformity, wound, fracture, or bodily injury, or physical condition or disease of animals, and the term animals as used in this section shall mean all animals other than man, except that this section shall not be applicable to the advertising or the sale of foods and medicines used in commercial feeds for the prevention of livestock diseases." ***SDC 1939, § 40.0201; SL 1961, ch 201, § 16***
4. Due to South Dakota laws, animal chiropractic treatment and other adjunctive therapies are to be performed only by a veterinarian, under the supervision of a licensed veterinarian or following written referral from a licensed veterinarian providing concurrent care. The only exception to this being services rendered free of charge.
5. Dr Kayla Marquardt has explained her scope of practice and the procedures to be performed. She has explained risks and benefits of treatment to my satisfaction. I understand that there is no guarantee to the nature of my animal's condition or the resulting outcomes of treatment. I understand that negative reactions to treatment may occur. Though these risks are remote, I know they could happen to my animal if they have pre-existing or underlying conditions. I will indemnify and hold harmless Dr Kayla Marquardt and my treating veterinarian should these reactions occur.
6. I allow my veterinarian to share any and all records with Dr Kayla Marquardt so she can better understand the nature of my animal's condition.
7. Dr Kayla Marquardt has made me aware of her fee schedule. I agree to pay at the time of service for services rendered and for travel costs accrued. I do understand that cancellation fees may be charged if I do not cancel within 24-hour notice of my appointment. I do understand Dr Kayla Marquardt may deny future services if I have a debt on my account.

I, _____, hereby authorize Dr Kayla Marquardt to examine and treat my animal(s) with musculoskeletal manipulation. I certify my animal has had routine and current veterinary care and that I have been open and honest as to any and all other examinations, diagnoses, and treatments for my animal's condition.

Signature: _____ Date: _____

Print name: _____

Address: _____

Phone: _____ Email: _____

How did you hear about us? _____

Do we have permission to post pictures/video of your animal on social media? ____ Y ____ N

[FOR VETERINARIAN TO COMPLETE]



I, _____ (please print DVM name), authorize Dr Kayla Marquardt, D.C. of Full Potential Chiropractic & Wellness to perform chiropractic treatment for the animal(s) listed above. I understand that Dr Kayla Marquardt will inform me of any adverse reactions or lack of improvement in patient condition within 8 visits.

I [DO/ DO NOT] (circle one) request that records be sent by email following treatment(s).

I certify that I have:

- 1. Established a valid veterinarian-client-patient relationship.***
- 2. Examined the animal(s) to determine that musculoskeletal manipulation is not contraindicated.***
- 3. Obtained a signed acknowledgement by the animal owner (see above) that chiropractic treatment is appropriate, warranted per the patient's condition &/or per the request of the animal owner.***
- 4. The right to request patient visit notes of services rendered at any time during trial of care.***

Signature: _____ Date: _____

Print name: _____

Name of Veterinary Practice: _____

Address: _____

Email (required): _____

Phone: _____ Fax: _____

(OVER)