

Optimum Animals

Catherine Hoag, DC, CAC

Today's Date: _____

Patient Name: _____

Owner Name: _____

Address: _____

Phone Numbers: Home: _____ Cell: _____

E-mail: _____

Veterinarian's Name: _____

Veterinarian's Phone: _____

Veterinarian's Address: _____

Trainer's Name: _____

Trainer's Phone: _____

Patient's age/date of birth: _____

Species (dog, cat, horse, etc.): _____

Breed: _____ Sex: M F

Use (house pet, athlete, show, etc.):

Training (if any):

Current health problems:

Past health problems/injuries/surgeries:

Current Medications:

Current problem:

Location of the problem:

How long has it been going on:

How did it start:

What makes it worse:

What makes it better:

Diagnostic work done:

Diagnostic findings:

Previous therapies:

Results of previous therapies:

Other symptoms:

Optimum Animals, Dr. Catherine Hoag

Chiropractic Physician, Certified in Animal Chiropractic by the International Veterinary Chiropractic Association
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CHIROPRACTIC EXAMINATION & TREATMENT 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 following:

- 1) Dr. Catherine Hoag is a Doctor of Chiropractic, licensed in the care of humans. She has attended several hundred hours of education specific to Animal Chiropractic, and has been certified in Animal Chiropractic by the International Veterinary Chiropractic Association.
- 2) Dr. Catherine Hoag **IS NOT** a veterinarian, 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 a Complimentary Therapy, to be used concurrently and in conjunction with my Veterinarian's care.
- 4) Dr. Hoag has explained to me the scope of his care, and described the procedures she will perform on my animal. I understand those procedures and acknowledge that they agree with the International Veterinary Chiropractic Association's (IVCA) description of Animal Chiropractic as follows: "Veterinary [Animal] chiropractic is the examination, diagnosis, and treatment of nonhuman animals through manipulation and adjustments of specific joints and cranial sutures.... [Animal Chiropractic **DOES NOT**] **include** dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care.... The assurance of education in veterinary chiropractic is central to the ability of the veterinary profession to provide this service. Therefore, it is recommended that, where the state's practice act permit, licensed chiropractors educated in veterinary chiropractic be allowed to practice this modality under the supervision of, OR REFERRAL BY [my emphasis], a licensed veterinarian who is providing concurrent care."
- 6) Dr. Catherine Hoag has explained the risks involved with Animal Chiropractic care to my satisfaction, and I realize that there can be no guarantee as to the nature of my animal's condition or the outcome of any procedure.

I hereby authorize Optimum Animals, and in particular, Dr. Catherine Hoag, Chiropractic Physician, to treat my animal with Animal Chiropractic. I certify that my animal has had routine, traditional veterinary care, and my current veterinarian is:

Veterinarian: _____ Phone #: (____) _____

Address: _____

I certify that I have been open and honest with Dr. Hoag 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: _____ **Breed:** _____ **Age:** _____

Owner's Name: _____ **Phone: Day** _____ **Evening** _____

Address: _____ **City, State, Zip:** _____

Animal's

Location: _____ **Trainer:** _____ **Phone:** _____

Signed: _____ **Date:** _____
