



Dr. Colleen Krahl, DC, CAC
(480) 595-0001
info@championcavecreek.com

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

Name: _____ DOB/breed/color: _____

Name: _____ DOB/breed/color: _____

Name: _____ DOB/breed/color: _____

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

1. CREDENTIALS: Champion Chiropractic is comprised of a Doctor of Chiropractic, Dr. Colleen Krahl, licensed in human care. Dr. Krahl has completed postgraduate work in order to become certified by the American Veterinary Chiropractic Association in order to practice animal chiropractic.

2. SCOPE: Champion Chiropractic is NOT a veterinarian and does not intend to replace traditional vet care or take responsibility for my animal's primary healthcare needs. I am seeking chiropractic for my animal(s) as a complementary therapy to be used concurrently with my current veterinary care. The AZ Board of Chiropractic opined on Aug 19, 2015, that animal chiropractic is within the scope of practice in Arizona. Chiropractic does NOT include: dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.

3. RECORD SHARING: I hereby allow Champion Chiropractic and my referring vet to share any and all records so they can better collaborate on my animal's treatment. I allow Champion Chiropractic to share records with any and all members of my animal care team (i.e: trainers, massage therapists, groomers, etc). I hereby also allow use of my pet's health information for research purposes to advance the field of animal chiropractic.

4. INFORMED CONSENT: Champion Chiropractic has explained their scope of practice and the procedures to be performed. They have 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 Champion Chiropractic's intent is to do no harm, but I also understand that negative reactions to treatment can occur (such as, but not limited to: fracture, dislocation, disc injury, strain/sprain, worsening of present condition, stroke, or neurologic impairment.) I will indemnify and hold harmless Champion Chiropractic and my referring veterinarian should any negative reactions occur.

5. LIABILITY: Champion Chiropractic has made me aware that they carry their own malpractice and liability insurance. However, I understand that I am solely responsible for any harm caused by my animal to myself or any other animal, person, or property while under Champion Chiropractic's care. This includes any financial obligation that may result due to my animal's behavior.

6. FEES: Champion Chiropractic has made me aware of their fee schedule. I agree to pay at the time of service for services rendered and for travel costs accrued. I do understand and consent that Champion Chiropractic may save my payment information and can charge cancellation fees if I do not cancel within 24-hour notice of my appointment. I understand that they can deny future services if I have a credit on my account.

7. PET INSURANCE: I understand that Champion Chiropractic is not a contracted provider with any insurance companies. My insurance policy is a relationship between myself and my insurer. Upon each service, I will be provided a receipt that I may use for my own submission to my insurer. In submission, I understand there is no guarantee for reimbursement for services rendered and I do not hold Champion Chiropractic responsible for providing any records or receipts to my insurance company as they have provided them to me, the owner, directly.

I (animal owner) hereby authorize Champion Chiropractic to examine and treat my animal(s). 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



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NEW PATIENT INFORMATION

Animal's name: _____ Social media handle: _____

Animal's birth date: _____ Spay/neuter (date): _____

Your animal's breed/color/weight: _____

Date of last known rabies / coggins: _____

Does this pet have history of abuse or are they nervous/reactive? _____

Date / provider of your animal's last adjustment: _____

Reason for seeking treatment / what caused this and for how long has it been happening:

Current medical conditions, previous accidents & injuries (please date):

Previous surgical procedures or imaging (please date and specify):

Current medications / supplements (please provide dosage):

Current diet & frequency of feeding:

Activity level / do you compete with this animal:

Other members of animal care team (provide email if you'd like them to receive records):

((Horse owners only)) Trainer & boarding barn contact and address:

VETERINARIAN's Name and Contact Information:
