

Mane Strides Animal Intake Form

HUMAN COMPANION'S NAME (FIRST AND LAST) _____

CURRENT CLIENT (SKIP TO "VETERINARIAN AND ANIMAL INFORMATION")

NEW CLIENT (PLEASE FILL INFORMATION BELOW)

HUMAN COMPANION'S ADDRESS (INCLUDE CITY, STATE & ZIP CODE):

PLEASE INCLUDE GATE CODE IF APPLICABLE _____

ADDRESS (INCLUDE CITY, STATE & ZIP CODE) IF YOUR LOVE IS AT A
DIFFERENT LOCATION FROM YOUR PERSONAL ADDRESS

PLEASE INCLUDE GATE CODE IF APPLICABLE _____

PHONE NUMBER _____

EMAIL _____

DR. NICOLE DEARS, DC IVCA

(719) 357-7654

MANESTRIDES@GMAIL.COM

WWW.MANESTRIDES.COM

LOCAL & LICENSED MOBILE
ANIMAL CHIROPRACTOR CARING
FOR EQUINES/SMALL ANIMALS
ALONG WITH THEIR HUMANS.

BASED IN FREMONT COUNTY,
SERVING RURAL COMMUNITIES &
SURROUNDING REGION.

CURRENT HEALTHCARE TEAM

CHIROPRACTIC HEALTH CARE IS LEGALLY PROVIDED BY THOSE WHO HAVE HAD EXTENSIVE STUDY IN THE PRACTICE. I, DR. NICOLE DEARS, WANT TO UNDERSTAND WHAT YOUR LOVE'S HEALTHCARE TEAM LOOKS LIKE. FROM OTHER MODALITIES, TO PROFESSIONALS PROVIDING A SERVICE, I WANT TO UNDERSTAND HOW MY TREATMENT WILL IMPACT YOUR LOVE'S HEALTH.

PROVIDE A BRIEF SYNOPSIS OF ALL PRACTITIONERS (EXCLUDING YOUR VET) YOU SEEK CARE FROM CURRENTLY. THIS INCLUDES OTHER MODALITIES SUCH AS MASSAGE, CHIROPRACTIC, PEMF, CRYOTHERAPY, RED LIGHT, LASER, KINESIOTAPING, ETC. _____

VETERINARIAN INFORMATION

CLINIC NAME _____

CLINIC ADDRESS (INCLUDE CITY, STATE & ZIP CODE):

VET'S NAME _____

PHONE NUMBER _____

CLINIC EMAIL _____

LOVE'S INFORMATION

NAME OF YOUR LOVE _____

REASON FOR SEEKING CARE _____

BREED _____ AGE _____ SEX _____

DISCIPLINE/LIFE STYLE _____

PAST DISCIPLINES/LIFE STYLES _____

KNOWN HISTORY OF OTHER LAMENESSES,
INJURIES OR PROCEDURES:

IS YOUR CURRENT REASON FOR SEEKING CARE:

GETTING WORSE GETTING BETTER

STAYING THE SAME NOT APPLICABLE

CURRENT MEDICATIONS/SUPPLEMENTS:

IS YOUR LOVE CURRENTLY UNDER TREATMENT WITH A
VET FOR THE REASON YOU ARE SEEKING CARE?

YES NO

SIGNATURE

DATE

Animal Informed Consent for Care

CHIROPRACTIC HEALTH CARE SEEKS TO RESTORE HEALTH THROUGH NATURAL MEANS WITHOUT THE USE OF MEDICATION OR SURGERY. THIS GIVES THE BODY MAXIMUM OPPORTUNITY TO UTILIZE ITS INHERENT RECUPERATIVE PROPERTIES. THE SUCCESS OF THE CHIROPRACTIC DOCTOR'S PROCEDURES OFTEN DEPENDS ON ENVIRONMENT, UNDERLYING CAUSES, PHYSICAL AND SPINAL CONDITIONS. IT IS IMPORTANT TO UNDERSTAND WHAT TO EXPECT FROM CHIROPRACTIC HEALTH CARE.

YOU, IN COMING TO THE DOCTOR OF CHIROPRACTIC, ACKNOWLEDGE AND GIVE THE DOCTOR PERMISSION AND AUTHORITY TO CARE IN ACCORDANCE WITH CHIROPRACTIC TESTS, DIAGNOSIS AND ANALYSIS. THE CHIROPRACTIC ADJUSTMENT OR OTHER CLINICAL PROCEDURES ARE USUALLY BENEFICIAL AND SELDOM CAUSE ANY PROBLEM. IN RARE CASES, UNDERLYING PHYSICAL DEFECTS, DEFORMITIES OR PATHOLOGIES MAY RENDER THE PATIENT SUSCEPTIBLE TO INJURY. THE DOCTOR WILL NOT GIVE A CHIROPRACTIC ADJUSTMENT, OR HEALTH CARE, IF SHE IS AWARE THAT SUCH CARE MAY BE CONTRA-INDICATED. AGAIN, IT IS YOUR RESPONSIBILITY TO INFORM THE CHIROPRACTOR OF HEALTH CONDITIONS AND ANY HEALTH CARE PROCEDURES. EXAMPLES OF HEALTH CONCERNS MAY INCLUDE BUT ARE NOT LIMITED TO: LATENT PATHOLOGICAL DEFECTS, ILLNESSES, OR DEFORMITIES WHICH WOULD OTHERWISE NOT COME TO THE ATTENTION OF THE DOCTOR OF CHIROPRACTIC. YOU SHOULD LOOK TO THE CORRECT SPECIALIST FOR THE PROPER DIAGNOSIS AND CLINICAL PROCEDURES FOR CERTAIN HEALTH CONDITIONS. THE DOCTOR OF CHIROPRACTIC PROVIDES A SPECIALIZED, NON-DUPLICATING HEALTH SERVICE. THE DOCTOR OF CHIROPRACTIC IS LICENSED IN A SPECIAL PRACTICE AND IS AVAILABLE TO WORK WITH OTHER TYPES OF PROVIDERS IN YOUR HEALTH CARE REGIME. SOMETIMES THE RESPONSE TO CHIROPRACTIC PROCEDURES IS IMMEDIATE AND OBVIOUS. IN MOST CASES, THERE IS A MORE GRADUAL, BUT QUITE SATISFACTORY RESPONSE. OCCASIONALLY, RESULTS ARE LESS THAN EXPECTED. TWO OR MORE SIMILAR CONDITIONS MAY RESPOND DIFFERENTLY TO THE SAME CHIROPRACTIC CARE.

CONSENT TO TREATMENT FORMS: AS THE OWNER, YOU ARE HEREBY AUTHORIZING MANE STRIDES TO EXAMINE AND TREAT YOUR ANIMAL. AS THE OWNER, YOU STATE THAT YOU HAVE BEEN OPEN AND HONEST AS TO ANY AND ALL EXAMINATIONS, DIAGNOSES AND TREATMENTS FOR YOUR ANIMALS CONDITION. AS THE OWNER, BEING EIGHTEEN YEARS OF AGE OR OLDER, YOU ARE CONSENTING TO THE TREATMENT OF CHIROPRACTIC CARE FOR ALL ANIMALS YOU REQUEST CHIROPRACTIC CARE FOR AND DO UNDERSTAND, SUBSTANTIATE, AND AUTHORIZE THE FOLLOWING:

- 1) DR. NICOLE DEARS 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. NICOLE DEARS 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 AN ALTERNATIVE THERAPY TO BE USED CONCURRENTLY AND IN CONJUNCTION WITH MY VETERINARIAN'S CARE.
- 4) DR. NICOLE DEARS HAS EXPLAINED TO ME THE SCOPE OF THE CARE SHE PROVIDES AND DESCRIBED THE PROCEDURES SHE WILL PERFORM ON MY ANIMAL. I UNDERSTAND WHAT SHE HAS EXPLAINED AND ACKNOWLEDGE THAT THIS INFORMATION AGREES WITH THE AMERICAN VETERINARY MEDICAL ASSOCIATION'S (AVMA) DESCRIPTION OF ANIMAL CHIROPRACTIC AS FOLLOWS: "VETERINARY CHIROPRACTIC IS THE EXAMINATION, DIAGNOSIS, AND TREATMENT OF NONHUMAN ANIMALS THROUGH MANIPULATION AND ADJUSTMENTS OF SPECIFIC JOINTS AND CRANIAL SUTURES... [VETERINARY 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..."
- 5) DR. NICOLE DEARS 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.

CONSENT FOR PHOTOS/VIDEOS

YOU HEREBY AUTHORIZE MANE STRIDES THE USE OF PHOTOGRAPHS AND/OR VIDEOS FOR PROFESSIONAL OR PROMOTIONAL PURPOSES AS DEEMED APPROPRIATE BY MANE STRIDES INCLUDING BUT NOT LIMITED TO DISPLAY OF THESE IMAGES ON ELECTRONIC DIGITAL NETWORKS, PUBLICATIONS, EDUCATIONAL MATERIALS OR DURING LECTURES FOR THE PURPOSES OF INFORMING THE GENERAL PUBLIC ABOUT CHIROPRACTIC CARE PROVIDED BY MANE STRIDES. YOU UNDERSTAND THAT YOU WILL NOT BE ENTITLED TO MONETARY PAYMENT OR ANY OTHER CONSIDERATION AS A RESULT OF ANY USE OF THESE IMAGES AND YOU HEREBY GRANT THIS CONSENT AS A VOLUNTARY CONTRIBUTION. THIS PERMISSION MAY BE RESCINDED BY ME AT ANY TIME TO PROHIBIT FUTURE USE BY DIRECT WRITTEN COMMUNICATION WITH MANE STRIDES VIA EMAIL AT MANESTRIDES@GMAIL.COM.

FINANCIAL/CANCELLATIONS

PAYMENT IS DUE AT THE TIME SERVICES ARE PROVIDED UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE. ALL CHARGES WILL BE EXPLAINED TO PRIOR TO ANY SERVICE BEING PERFORMED. ONCE MANE STRIDES SETS A SCHEDULE, PLEASE BE RESPECTFUL OF THE SCHEDULE. MANE STRIDES MAKES DECISIONS ON THE DAY OF SERVICE REGARDING CANCELLATIONS DUE TO THE ENVIRONMENT.

AUTHORIZATION

I HEREBY AUTHORIZE MANE STRIDES, IN PARTICULAR DR. NICOLE DEARS DC IVCA, TO TREAT MY ANIMAL WITH CHIROPRACTIC CARE. I CERTIFY THAT THE STATEMENTS AND ANSWERS GIVEN ON THIS FORM ARE ACCURATE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND IT IS MY RESPONSIBILITY TO INFORM THIS OFFICE OF ANY CHANGES IN MY ANIMAL'S HEALTH. I ENDORSE THAT MY ANIMAL HAS HAD REGULAR, TRADITIONAL VETERINARY CARE FOR THEIR WELL BEING. I UNDERSTAND THAT I HAVE THE RIGHT TO REVOKE THIS CONSENT, IN WRITING VIA EMAIL TO MANESTRIDES@GMAIL.COM, AT ANY TIME, EXCEPT TO THE EXTENT THAT THE CHIROPRACTOR HAS ACTED IN RELIANCE ON THIS CONSENT. I AGREE TO ALLOW THIS OFFICE TO EXAMINE MY EQUINE FOR FURTHER EVALUATION.

SIGNATURE _____

PRINT NAME _____

DATE _____