



Sonoran Animal Chiropractic

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CALL/TEXT: 602-603-7139

SONORANANIMALCHIRO@GMAIL.COM
WWW.SONORANANIMALCHIROPRACTIC.COM

| ANIMAL INFORMATION | | |
|--|-------------------------------------|---------------------|
| NAME: | SPECIES: | BREED/COLOR: |
| DOB/AGE: | GENDER: | APPROXIMATE WEIGHT: |
| CLIENT CONTACT INFORMATION | | |
| NAME: | PHONE: | EMAIL: |
| **APPOINTMENT REMINDERS ARE EMAILED 2 DAYS BEFORE SCHEDULED APPOINTMENT** | | |
| ADDRESS: | | |
| BARN ADDRESS (IF EQUINE): | | |
| HOW DID YOU FIND SONORAN ANIMAL CHIROPRACTIC? | | |
| ANIMAL HEALTH HISTORY INFORMATION | | |
| VETERINARIAN: | PHONE: | |
| WHAT IS THE PRIMARY REASON FOR SEEKING CHIROPRACTIC CARE FOR YOUR ANIMAL? | | |
| HOW LONG HAVE YOU CARED FOR THIS ANIMAL? | | |
| PLEASE LIST AND DESCRIBE ANY INJURIES, ILLNESS OR CONDITIONS YOUR ANIMAL HAS HAD: | | |
| LAST VACCINES WITH DATE GIVEN: | | |
| DATE OF LAST DENTAL: | | |
| DATE OF LAST FARRIER APPT (IF EQUINE): | DATE OF LAST DEWORMING (IF EQUINE): | |
| WHAT IS YOUR DAILY FEEDING SCHEDULE INCLUDING TYPE OF FOOD, SUPPLEMENTS AND/OR TREATS: | | |
| WHAT IS YOUR ANIMAL'S REGULAR ACTIVITY SCHEDULE (RIDING, WALKS, ETC): | | |
| WHAT ARE YOUR GOALS WITH YOUR ANIMAL? | | |
| THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE READ THE ATTACHED PRACTICE POLICIES AND UNDERSTAND THAT PAYMENT IS EXPECTED AT TIME OF VISIT. | | |
| Printed Name | Signature | Date |

Our policies are designed in order to establish clear expectations so that we may provide exceptional care for your animals.

SCHEDULING:

- Please text or call our business line (602-603-7139) to make appointments. We do not answer messages over the weekend or on Federal holidays.
- Sometimes appointment timing may need to be shuffled to allow for a more emergent case to be seen, this same accommodation would be made for your pet if the need were to arise and we appreciate your understanding and flexibility.
- We do provide specific appointment times upon booking and will do our best to adhere to those times. As we are a mostly mobile practice please give us a 15-20 min grace period for instances beyond our control (appointments taking longer than expected, traffic conditions, severe weather, etc). If we are running late, we will text you an estimated arrival time prior to our scheduled appointment time.
- Please complete your new patient forms within 24 hrs of your appointment being scheduled so that we may confirm the appointment. Forms can be emailed to sonorananimalchiro@gmail.com. We can only hold an appointment slot for 24 hours due to demand.
- You may be asked to fill out a new patient form if your pet has not been seen in the last calendar year.

APPOINTMENTS:

- Please have your animal caught and ready for examination prior to our arrival to allow for an optimal experience.
 - o Dogs in house or on leash/collar
 - o Cats contained in small room or crate where they are easily accessible
 - o Horses caught, haltered and dry
- We request a person familiar with the health history of the animal to be present for appointments, if this is not possible then please inform our office as soon as possible.
 - New patient consults/appointments are approximately 30-45 min in length, follow up/maintenance appointments are approximately 15-20 min in length.
- We do not always have the luxury of an assistant, and as such, we may require assistance to handle your pet. We ask you please have a handler ready (for house or barn calls) if you do not feel comfortable aiding in your animal's restraint.
- We may use restraint techniques at our discretion in order to facilitate treatment (muzzles, stud chain etc). Please let us know at time of scheduling if this may pose a problem.

CANCELLATIONS/MISSED APPOINTMENTS/ADD ON PATIENTS

- Life happens, if you need to change your appointment time please give us at least a 24 hour notice so we may accommodate our wait list. If you cancel within 24 hours of the appointment time a cancellation fee may be charged equal to the travel fee or half of the adjusting fee. The cancellation fee may be added to the balance of your next visit should we not be able to process payment at the time.
- Payment information may be stored securely using our payment processing application (Square), which complies with all current data protection policies. You may request at any time that this information is not stored.
- We may not always be able to accommodate last minute add on's. Please give us 48 hours notice if you would like to add on a patient to allow us to provide the highest quality visit to you and your animals. If you request this add on at the time of the appointment it is at the discretion of the Doctor as to their availability and you may be asked to contact the office to schedule a separate appointment for that patient.
- Please notify our office as soon as possible if your animal has been diagnosed with a contagious disease so that our doctors may adjust their schedule accordingly.
- We reserve the right to deny services should there be any concern for the animal's well-being or the safety of our doctors.

PAYMENT:

- We expect payment at the time of service. We accept Cash, check, zelle, venmo or card (via Square processing)
- Should you not be able to be present at time of service, we require payment information to be saved on file before the time of your visit.
- Should your payment bounce at time of payment, we will send an invoice with the expectation to receive payment within 3 days of invoice. Should this invoice not get paid we reserve the right to dismiss you as a client.
 - Travel fees may be split if multiple clients in one location, each client pays a minimum of \$10.

| | | |
|--|-----------|------|
| By my signature below, I certify that I have read the above policies and agree to the terms described. | | |
| Printed Name | Signature | Date |

INFORMED CONSENT FOR CHIROPRACTIC CARE

Chiropractic care is not intended to replace appropriate veterinary care, but intended to be used concurrently.

The College of Animal Chiropractors description of Animal Chiropractic as follows: "Animal Chiropractic is the examination, diagnosis and treatment of non-human animals through manipulation and adjustments of specific joints and cranial sutures".

Chiropractic care involves chiropractic adjustments performed with our hands. Benefits of these adjustments may include improving joint motion, reducing swelling and inflammation in a joint, reducing pain levels, improving neurologic function, and improving mobility.

Results cannot be guaranteed and treatment with chiropractic care may result in a lack of improvement of symptoms.

Prior to any animal receiving chiropractic care with our clinic, our Doctors will review a health history as well as perform a physical examination to allow us to assess your animal and determine whether or not chiropractic care may be beneficial or if your animal should be referred back to your primary veterinarian. Sonoran Animal Chiropractic does not provide primary veterinary care to animals, including but not limited to dispensing medication, performing surgery, injecting medications or replacing conventional veterinary care.

I, _____, as the owner, Guardian and / or Authorized Representative of _____ and being eighteen years of age or older, do understand, authorize, consent and can substantiate the following:

- 1. Credentials:** Sonoran Animal Chiropractic is comprised of Doctors of Veterinary Medicine or Chiropractic. Employees / Contractors of Sonoran Animal Chiropractic have completed postgraduate work in order to become certified by the American Veterinary Chiropractic Association / International Veterinary Chiropractic Association in order to safely and effectively practice on animals.
- 2. Scope:** Sonoran Animal Chiropractic does not offer conventional veterinary medicine services and do not take responsibility for my animal's primary health needs. I am seeking chiropractic care for my animal(s) as a complementary means to be used concurrently with my current veterinary care.
- 3. Record Sharing:** I hereby allow Sonoran Animal Chiropractic and my primary veterinarian to share any and all records so they may better collaborate on my animal's treatment. I allow Sonoran Animal Chiropractic to share records with any and all members of my animal care team. I hereby also allow use of my animal's health information for research purposes.
- 4. Informed Consent:** Sonoran Animal Chiropractic has explained their scope of practice and the procedures to be performed. They have explained risks and benefits of treatment to my satisfaction and I understand there is no guarantee to the nature of my animal's condition or the resulting outcomes of treatment. I will indemnify and hold harmless Sonoran Animal Chiropractic should any negative reactions occur.
- 5. Liability:** Sonoran Animal Chiropractic has made me aware they carry their own malpractice and liability insurance. However, I understand I am solely responsible for any harm caused by my animal to myself or any other animal, person, or property while under Sonoran Animal Chiropractic's care. This includes any financial obligation that may result due to my animal's behavior.
- 6. Fees:** I have been made aware of Sonoran Animal Chiropractic's fee schedule and agree to pay at the time of service for services rendered and for travel costs accrued. I do understand and consent that Sonoran Animal 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.

By my signature below I understand that I am certifying that I have read the above consent and understand and accept any associated risks involved in pursuing animal chiropractic care. I intend this consent to cover the entire course of care from Sonoran Animal Chiropractic for the treatment of present condition(s) and for any future condition(s) for which I seek chiropractic care for my animal. I certify the information I have provided is complete, true and correct to the best of my knowledge and are made in good faith.

Printed Name

Signature

Date