

EVERGREEN ANIMAL CHIROPRACTIC, LLC
CAROLYN D. LONGACRE, DC & AMBER AYERS, DC

CONSENT TO TREAT

I hereby request and consent to chiropractic care and supportive therapies for the animal listed below, for whom I am legally responsible. This care may be provided by the chiropractor named below, as well as any other licensed chiropractors or support staff working with, associated with, or providing coverage for the practice, whether at this location or another affiliated location.

I have had the opportunity to discuss with the chiropractor named above and/or clinic staff the nature, purpose, and goals of animal chiropractic adjustments and related procedures.

I understand that, as with all healthcare treatments, there are no guaranteed results and no promise of cure. I am aware that chiropractic care carries some potential risks, including but not limited to temporary soreness, muscle spasms, aggravation of existing symptoms, lack of improvement, and in rare cases, fractures, disc injuries, sprains, or other complications. I do not expect the chiropractor to be able to anticipate every risk, and I authorize them to use their best judgment during my animal's care.

I understand that chiropractic adjustments and supportive therapies aim to improve mobility, reduce discomfort, and support the body's natural healing processes. While many animals benefit from this conservative approach, outcomes vary. If symptoms become unbearable, they will be referred to the vet. All payments for completed treatments are final; however, prorated refunds will be issued for any unused prepaid treatments should I choose to discontinue care.

I understand that other treatment options may be available for my animal's condition. These may include, but not limited to rest, over-the-counter or prescription medications, physical therapy, injections, bracing, or surgery. I acknowledge my right to seek a second opinion or explore additional treatment options at any time.

I have read, or have had this form read to me, the above consent. I have had the opportunity to ask questions about its content, and by signing. By signing below, I agree to the recommended chiropractic procedures for my animal. This consent applies to the current condition and any future condition(s) for which I seek chiropractic care.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures for my animal. I intend this consent to cover the entire course of treatment for my animal's present condition and for any future condition(s) for which I seek treatment.

Print Client Name

Client Signature (Guardian if client is under 18)

Date