



Dr. Katy Spiewak
B.Sc., D.C.

CERTIFIED
ANIMAL
CHIROPRACTOR

OWNER/AGENT: _____

PHONE NUMBER (1): _____ **(2):** _____

ADDRESS: _____ **TOWN:** _____ **P.C:** _____

EMAIL ADDRESS: _____

ANIMAL'S NAME: _____ **AGE:** _____ **SEX:** _____

BREED: _____ **COLOUR:** _____

VETERINARIAN: _____

WHO WERE YOU REFERRED BY?: _____

MAIN REASON FOR VISIT TODAY: _____

CONSENT:

1. I am the owner or agent of the animal described above. I have the authority to execute this consent and am over 18 years of age.
2. I understand that Dr. Spiewak is a Doctor of Chiropractic, licensed in the care of humans. She has attended several hundred hours of education specific to animal chiropractic.
3. I understand that Dr. Spiewak is not a veterinarian and cannot take responsibility for the primary care of this animal. Chiropractic care is not intended to replace appropriate veterinary care, but is intended to be used concurrently.
4. I certify that my animal has had regular veterinary care and that I will be open and honest with Dr. Spiewak as to any and all other examinations, diagnostic tests, diagnoses and treatments for this animal's condition.
5. I am aware that 24 hours is required for cancellation. The full appointment fee will be charged for missed and late cancellations.
6. I hereby consent and authorize Dr. Spiewak to perform spinal manipulative therapy on the animal described above.

Signature of Owner or Agent

Date

Dr. Katy Spiewak, D.C.

Date

www.Petchiro.ca
905.376.0051