



(512) 282-0221

8106 Brodie Lane, Suite 102 Austin, TX 78745
info@lovepethospital.com

Date: _____

Pet's Name: _____ Species: _____ Age: _____

Consent for Chiropractic Treatment

I, the undersigned owner, of the pet identified above, understand that Chiropractic treatment is considered an alternative treatment protocol by the Texas Board of Veterinary Examiners and the Texas State Veterinary Medical Association. I give my permission for the Doctors at Love Pet Hospital to adjust my pet using accepted Chiropractic techniques. The Doctors have informed me of conventional veterinary care that may be used to treat the pathologic condition my pet is suffering from. I understand that the Doctors will use the same care and consideration in the treatment of my pet as would any veterinarian licensed by the State of Texas. I also understand that no guarantees are made as to the outcome of treatment using the means stated above.

Owner's Signature:

Date: