Synchrony Chiropractic
Keeping you and your team in sync

Date: _____
Owner's Name: _____
Patient's Name: _____
Description of Patient: _____

ANIMAL CHIROPRACTIC EXAMINATION AND TREATMENT CONSENT FORM

As the owner of the above listed animal, I hereby acknowledge, understand and agree the following:

1. Dr. Angela Boyazis-Rodger and Dr. Philip Rodger are both licensed chiropractors. Dr. Angela Boyazis-Rodger is certified by the American Veterinary Chiropractic Association, and Dr. Philip Rodger is certified by the International Veterinary Chiropractic Association and Options For Animals in Animal Chiropractic.

2. Dr. Angela Boyazis-Rodger and Dr. Philip Rodger are **not** veterinarians. **The treatment provided by Synchrony Chiropractic and its chiropractors is not intended to replace traditional veterinary care.**

3. The care provided to my animal by Synchrony Chiropractic is intended to be a complementary or alternative therapy in addition to the care my animal currently receives from its primary veterinarian.

4. Synchrony Chiropractic and its chiropractors have explained to me their scope of practice and proposed treatment plan, the nature of the treatment and the risks and benefits associated with animal chiropractic treatment. I understand that Synchrony Chiropractic has not guaranteed any outcome for my animal as a result of the treatment provided by Synchrony Chiropractic.

5. I understand that any claims arising from the services furnished by Synchrony Chiropractic and its chiropractors shall be mediated, arbitrated, litigated or otherwise heard in Marion County, Florida, including the federal and state courts located therein, and the laws of the State of Florida shall apply.

By signing below, I hereby acknowledge that (i) I have read this Animal Chiropractic Examination and Treatment Consent Form, (ii) I understand this form and (iii) I hereby give Synchrony Chiropractic my consent to treat the above listed animal.

Owner Signature: _____ Owner Print Name: _____

Date: _____ Phone Number: _____

Please return to Synchrony Chiropractic
Email: hello@synchronychiro.com
Phone: (352) 356-8665

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Date: _____

Owner's Name: _____

Patient's Name: _____

Description of Patient: _____

VETERINARIAN AUTHORIZATION

Synchrony Chiropractic requires that its patients have a relationship with a primary veterinarian. As the veterinarian for the above listed animal, I hereby acknowledge, understand and agree to the following by signing below:

1. The above listed animal is a current patient at my veterinary practice, and a valid veterinarian/client/patient relationship exists.

2. Dr. Angela Boyazis-Rodger and Dr. Philip Rodger are both licensed chiropractors. Dr. Angela Boyazis-Rodger is certified by the American Veterinary Chiropractic Association, and Dr. Philip Rodger is certified by the International Veterinary Chiropractic Association and Options For Animals in Animal Chiropractic.

3. Synchrony Chiropractic will obtain a signed copy of the above Animal Chiropractic Examination and Treatment Consent Form from the owner, which provides the owner's informed consent for Synchrony Chiropractic to provide animal chiropractic treatment to the patient, and the owner acknowledges that chiropractic treatment is a complementary or alternative therapy.

4. Synchrony Chiropractic will be solely responsible for any chiropractic treatment or services provided by it to the above listed patient, and has adequate insurance coverage for any claims arising out of Synchrony Chiropractic's practice. This Veterinary Authorization does **not** hold you responsible for any claims resulting from services rendered by Synchrony Chiropractic.

5. I hereby authorize Synchrony Chiropractic to provide animal chiropractic care as needed to the patient listed above. If I want more information on the treatment provided to the patient for my records, I can request such from information from Synchrony Chiropractic.

Veterinarian Signature: _____ Veterinarian Print Name: _____

Practice Address :_____ Practice Phone Number :_____

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