

**INFORMED CONSENT  
AND  
ACKNOWLEDGEMENT OF CONCURRENT VETERINARY CARE**

Please read the following statements carefully, provide the requested information and sign below to confirm your understanding that:

1. Sarah Wills, D.C. is a chiropractic certified in animal chiropractic. She has completed education specific to animal chiropractic, massage and rehabilitation and she is certified by the Healing Oasis and Wellness Center of Wisconsin.
2. Sarah Wills, D.C. is NOT a veterinarian and cannot take responsibility for the primary care of my animal(s).
3. Sarah Wills, D.C. advises that animal chiropractic, massage &/or rehabilitation is NOT intended to replace veterinary care but is an adjunctive or integrative therapy used in conjunction with my veterinarian's care.
4. Sarah Wills, D.C. may refuse to treat my animal(s) with chiropractic, massage &/or rehabilitation at any time.

I hereby authorize Sarah Wills, D.C., to treat my animal with animal chiropractic, and I certify that my animal is presently under concurrent veterinary care provided by:

**VETERINARIAN:** \_\_\_\_\_

**Clinic/Hospital:** \_\_\_\_\_

**I certify that I will provide all relevant and pertinent information concerning my animal's present and previous health history required for examination and treatment.**

**I have read and understand the above and hereby give my consent:**

**Name:** \_\_\_\_\_ **Animal Name:** \_\_\_\_\_

**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_