



Dr. Raquel Heisse, Chiropractic Physician, Certified in Animal Chiropractic by the International Veterinary Chiropractic Association

Animal Chiropractic Examination & Treatment Consent Form

I am of lawful age, do understand, and authorize, and can substantiate the following:

1. Raquel M. Heisse is a Doctor of Chiropractic licensed in human care. She has completed 230+ hours of post graduate specific to Animal Chiropractic and has been certified by the International Veterinary Chiropractic Association (IVCA) in order to practice animal musculoskeletal manipulation (MSM).
2. Dr. Raquel Heisse is NOT a veterinarian & does NOT intend to replace traditional veterinary care or take responsibility for my animal's primary healthcare needs.
3. I am seeking MSM for my animal(s) as a complementary therapy to be used concurrently and in conjunction to my current veterinarian.
4. Florida Rule **61G18-19.002** states: "**Complementary, alternative, and integrative therapies**" means a heterogeneous group of diagnostic and therapeutic philosophies and practices, which at the time they are performed may differ from current scientific knowledge, or whose theoretical basis and techniques may diverge from veterinary medicine routinely taught in accredited veterinary medical colleges, or both. "Complementary, alternative, and integrative therapies" include, but are not limited to, veterinary acupuncture, acuthery, and acupressure; veterinary homeopathy; **veterinary manual or manipulative therapy or therapy based on techniques practiced** in osteopathy, **chiropractic medicine**, or physical medicine and therapy; veterinary nutraceutical therapy; veterinary physiotherapy.
5. Dr. Raquel Heisse has explained her scope of practice & the procedures to be performed. She has explained risks & benefits of treatment to my satisfaction. I understand that there is no guarantee to the nature of my animal's condition or the resulting outcomes of treatment.

I also certify that I have been open and honest with Dr. Heisse as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animal(s)'s conditions. **I have read this authorization form, understand it, and give my consent.**

Owner Name (Print): _____

Signed: _____ Date: _____

For Office Use Only

Animal's Name: _____ Patient #: _____

Species: _____ Breed: _____ Age: _____