
Animal Chiropractic Release Form

Jacqueline Botts, DC, Certified Animal Chiropractor

Jessica Conlon, DC, Certified Animal Chiropractor

I, _____, am requesting that my pet _____,
chart # _____ undergo examination and treatment for animal chiropractic care.

I, certify that I am the lawful owner and that I am of lawful age, understand and authorize the following:

- 1.) Jacqueline Botts and Jessica Conlon are Doctors of Chiropractic licensed in human care in the state of Texas. They have completed post-graduate work allowing them to perform Animal Musculoskeletal Manipulation (AMSM) are certified in Animal Chiropractic through the American Veterinary Chiropractic Association
- 2.) Jacqueline Botts and Jessica Conlon are NOT veterinarians and will not and do not intend to replace traditional veterinary care or take responsibility of my animal's primary healthcare needs. I am seeking chiropractic for my animal as complementary therapy to be used in conjunction with my current veterinary care.
- 3.) Under Texas law (RULE §573.14), Chiropractic care is considered to be an alternate therapy in the practice of veterinary medicine. Animal Chiropractic does not include dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.
- 4.) Under Texas law alternate therapies are performed only by a Veterinarian or under the supervision of a veterinarian. We therefore require that the Chiropractor perform all services with the consent from the owner and a licensed veterinarian currently providing care.
- 5.) Jacqueline Botts and Jessica Conlon have explained the scope of practice and procedures to be performed.
- 6.) I understand there is no guarantee to the nature of my animal's condition or the resulting outcomes of treatment. I understand that negative reaction can happen to my animal, particularly where there are pre-existing/underlying conditions. Should a reaction occur, I will notify Jacqueline Botts and/or Jessica Conlon and my veterinarian.
- 7.) I authorize my veterinarian and Jacqueline Botts and/or Jessica Conlon to share any and all records with each other as to better understand the nature of my animal's condition.

I hereby authorize Jacqueline Botts, DC, and/or Jessica Conlon, DC, to examine and treat my animal. I certify that my animal has had routine and current veterinary care and that I have disclosed all pertinent information about exams, treatments and diagnoses.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

This form must be completed once pet year, in conjunction with an appropriate veterinarian referral, in order to comply with ACGP clinic policy, adhere to the highest standard of patient care for Animal Chiropractic services, and comply with the Texas Board of Veterinary Medical Examiners regulations and rules regarding chiropractic care as an alternative therapy.



612 North Belt Line Rd
Grand Prairie, TX 75050
972-262-2684
agcpvets@gmail.com

Phone: _____ Email: _____

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