



Dr. Katie Beard, DC, cAVCA  
Phone: (817) - 994 - 3016  
Fax: (817) - 596 - 9842  
beardchiropractic@gmail.com  
www.beardchiro.com

**I am requesting authorization for the following animal(s) to undergo exam and treatment:**

Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_  
Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_  
Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_

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

1. Dr. Katie Beard, D.C. is a Doctor of Chiropractic licensed in Texas in human care. She has attended post-graduate hours of instruction specific to animal chiropractic, received Certification in Animal Chiropractic from Parker University, and is a Certified Animal Chiropractor by the American Veterinary Chiropractic Association (AVCA). Chiropractic care IS NOT intended to replace conventional veterinary care for animals.
2. Dr. Katie Beard, D.C. is **NOT** a veterinarian and does **NOT** intend to replace traditional veterinary care or take responsibility for my animal's primary healthcare needs. I am seeking musculoskeletal manipulation (MSM) for my animal(s) as a complementary therapy to be used concurrently and in conjunction to my current veterinary care.
3. Chiropractic care centrally involves chiropractic adjustments, which may be applied using our hands or an instrument. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological function.
4. It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. Risks may include aggravation and/or lack of improvement of symptoms, sprain/strain injuries, muscle spasm, fractures, dislocations, disc injuries, and stroke.
5. Dr. Katie Beard, D.C. has explained her scope of practice and the procedures to be performed. She has explained risks and 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 understand that negative reactions to treatment can occur. Though these risks are remote, I know they could happen to my animal if they have pre-existing/underlying conditions. I will indemnify and hold harmless Dr. Katie Beard, D.C. and my treating veterinarian should these reactions occur.
6. Texas Law states: "Animal Chiropractic and other forms of musculoskeletal manipulation are systems of therapeutic application of mechanical forces applied manually through the hands or any mechanical device to diagnose, treat and or alleviate impaired or altered function of related components of the musculoskeletal system of non-human animals. Chiropractic...[is] considered to be [an] alternate therap[y] in the practice of veterinary medicine." **22 Tex Admin Code § 573.14.** Chiropractic does NOT include: dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.
7. Texas law states: "Alternate therapies, including ultrasound diagnosis and therapy, magnetic field therapy, holistic medicine, homeopathy, chiropractic treatment, acupuncture, and laser therapy, are performed only by a veterinarian or under the supervision of a veterinarian" **Sec. 801 151.** Therefore a chiropractor educated in



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animal chiropractic must perform all services with **REFERRAL** from a licensed veterinarian providing concurrent care.

8. Reports will be provided to my veterinarian upon their request. I give Dr. Katie Beard, D.C. permission to release information concerning the care of my animal for the purpose of such reports when requested.
9. I allow my veterinarian to share any and all records with Dr. Katie Beard, D.C. so they can better understand the nature of my animal's condition.
10. Dr. Katie Beard, D.C. has made me aware of her fee schedule. I agree to pay at the time of service for services rendered and for travel costs accrued. I do understand that cancellation fees may be charged if I do not cancel within 24-hour notice of my appointment. I do understand Dr. Katie Beard, D.C. can deny future services if I have an outstanding balance on my account.

**I (owner) hereby authorize Dr. Katie Beard, D.C. to examine and treat my animal(s) with musculoskeletal manipulation. I certify my animal has had routine and current veterinary care and that I have been open and honest as to any and all other examinations, diagnoses, and treatments for my animal's condition.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do we have permission to post pictures/video of your animal on social media?  Y  N

**(For veterinarian to complete)**

I \_\_\_\_\_ (referring vet), in compliance with Rule 573.14, have performed the following:

1. Established a valid veterinarian/client/patient relationship
2. Examined the animal(s) to determine that chiropractic/MSM is **NOT** contraindicated.
3. Obtained a signed acknowledgement by the patient's owner (see above) that chiropractic/MSM is considered under state law to be an alternative and nonstandard therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Would you like to receive a copy of the chiropractic report by email? Yes  No

Would you like to be listed as a preferred referral provider with our practice? Yes  No