Carla Irven Smith, DC, CAC AVCA Certified Animal Chiropractor (970) 682-2667

Dr. Irven Animal Chiropractic									
PERSONAL INFORMATION									
Owner/Caregiver:			Partner/Spouse:						
Street Address:			City/State/Zip:						
Home Phone: ( )		Cell: ( )		Alt: (		)			
			Email:						
PE				T INFORMATION					
Pet's Name:		Species: Dog Cat		Cat Othe	her				
Breed:	Age/DO	B:	Sex	c: M F		Spayed/Neutered:			
Color/Markings:				Vaccinations Current? Yes No Unknown					
Chief Complaint: (what's g	oing on w	vith your pet?)							
VETERINARIAN INFORMATION									
Veterinarian:				Clinic Name:					
Clinic Phone:				Do you have x-rays with you? Yes No					
Other Notes:									
How did you hear about Dr Primary Veterin		Word of Mouth	Ir	nternet	Advertise	ement/Where?			
the authorization to cor	nsent to	treatment. I au	ıtho	rized Dr. Irv	en, a Do	gent of the above animal and have octor of Chiropractic and AVCA ot my animal with chiropractic care. I			

certify that my animal has had routine, traditional veterinary care and my DVM has signed a referral. I understand that chiropractic care is NOT intended to replace traditional veterinary care, but to be used concurrently, and that there can be no guarantee as to the outcome of any treatment.



As a condition of treatment, we may utilize videography of your pet. Before and after videos may be used to promote the extraordinary results achieved by animal Chiropractic. By showing these powerful before and after results, we hope to make others aware that euthanasia is not necessary in cases where pharmaceuticals do not work. A picture will also be taken for digital records. Occasionally owner's legs, back or profile may be accidentally captured in videography.

I hereby grant Dr. Irven Animal Chiropractic permission to use my pet's/pets' likeness and/or my likeness in photograph(s)/video(s) in any and all of its media.

Name (print full name):		 	
Signature:			
Date:		 	
Pet name:		 	
Are you the Owner? (Please sircle)	Voc. No.		

