



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

I hereby authorize Bonnie Harder, 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:** \_\_\_\_\_

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