

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. Kathryn Bryan is a Doctor of Chiropractic licensed in human care. She has completed postgraduate work in order to become certified by the American Veterinary Chiropractic Association in order to practice animal musculoskeletal manipulation (MSM).
2. Kathryn Bryan 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 MSM for my animal(s) as a complementary therapy to be used concurrently and in conjunction to my current veterinary care.
3. Texas Law states: "Animal Chiropractic and other forms of musculoskeletal manipulation (MSM) 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 therapy in the practice of veterinary medicine." **22 Texas Admin Code 573.14.** MSM of animals does NOT include: dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.
4. 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** It is therefore recommended, that in states where the practice act permits, a chiropractor educated in animal MSM perform all services with REFERRAL from a licensed veterinarian providing concurrent care.
5. Kathryn Bryan 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 (owner) hereby authorize Dr. Kathryn Bryan 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: _____
 Address: _____
 Phone: _____ Email: _____
 How did you hear about us? _____
 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.
 - a. **At Ease Animals carries their own liability INSURANCE**
 - b. **Kathryn Bryan and At Ease Animals is qualified by the AVCA (#1344) and holds current TX license (#13993).**

Signature: _____ Date: _____
 Print name: _____
 Address: _____
 Email: _____
 Phone: _____ Fax: _____
 What is the best way for us to forward records to you? Email Mail
 Would you like to be listed on our website as a preferred referral provider? Yes No