



bvchironc@gmail.com
(919) 908-8322

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

Name: _____ Age/breed/weight: _____

Name: _____ Age/breed/weight: _____

Name: _____ Age/breed/weight: _____

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

1. Valentina Degiovanni 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 (AMSM).
2. Valentina Degiovanni 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 AMSM for my animal(s) as a complementary therapy to be used concurrently and in conjunction to my current veterinary care.
3. The North Carolina Board of Chiropractic Examiner's stance on animal chiropractic is that it may be performed by a licensed chiropractor with requisite training so long as treatment is within the scope of a chiropractor. This includes analyzing the spine and extremities, and performing needed adjustments to the same. This analysis is for need of chiropractic care only and is not performed for the purpose of diagnosis.
4. Valentina Degiovanni 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 negative reactions could happen to my animal, especially if they have pre-existing/underlying conditions. I will indemnify and hold harmless Valentina Degiovanni should these reactions occur.
5. Valentina Degiovanni 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 Valentina Degiovanni can deny future services if I have a credit on my account.
6. Valentina Degiovanni has made me aware she carries her own insurance and is qualified by the AVCA (#1435) and holds current chiropractic license in NC (#5163)

I (animal owner) hereby authorize Valentina Degiovanni to examine and treat my animal(s). 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.

Signature: _____ Date: _____

Print name: _____

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



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Animal's name: _____

Animals birth date: _____ Spay/neuter (and date) : _____

Your animal's breed/color/weight: _____

Date of last known rabies / coggins: _____

Does this pet have history of abuse or are they nervous/reactive: _____

Date / provider of your animal's last adjustment: _____

Reason for seeking care / goals to be achieved with care:

-

_ Current medical conditions, accidents & injuries (please date):

-

_ Previous surgical procedures or imaging (please date and specify region):

-

_ Current medications / supplements (please provide dosage):

-

_ Current diet & frequency of feeding:

-

_ Activity level / do you compete with this animal:

-

_ ((Horse owners only)) Trainer & boarding barn contact and address:
