



BARNYARD CHIROPRACTIC

DR. NATALIA LAVALLIE
 AVCA CERTIFIED ANIMAL CHIROPRACTOR
 CALL/TEXT: (630) 394-4228
 FAX: (847) 512-4675
 DRNATALIA@BARNYARDCHIROPRACTIC.COM
 BARNYARDCHIROPRACTIC.COM

HORSE INFORMATION		
Name:	Breed:	Color/Markings:
Birthdate:	<input type="checkbox"/> Colt <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Mare <input type="checkbox"/> Stallion	Approximate weight:
CLIENT CONTACT INFORMATION		
Name:	Cell:	
Mailing Address:	Email:	
<i>Appointment confirmations are emailed 3 days before scheduled day/time</i>		
Name/Address of Barn:		
Name of Trainer (if applicable):	Email:	
Who may we thank for referring you to Barnyard Chiropractic?		
HORSE HEALTH HISTORY INFORMATION		
Veterinarian:	Phone:	
What is the primary reason for seeking chiropractic care for your horse?		
How long have you owned/known your horse?		
Please list and describe any injuries, illnesses, and/or conditions:		
Date of last vaccinations:	Date of last deworming:	
Date of last farrier appointment:	Date teeth were last floated:	
What are your goals with your horse?		
The above information is true to the best of my knowledge. I understand that payment is expected at time of visit and understand that care will be coordinated with my veterinarian listed above.		
Printed Name	<i>Signature</i>	<i>Date</i>



I believe clear communication is the foundation to every healthy relationship. My practice policies are designed to establish expectations so we can focus on helping your animals heal and be well.

APPOINTMENTS

To optimize our time together, please have your animal caught, contained, and ready for examination. Dogs should wear a soft or choke collar (no prongs). Horses and farm animal should be dry and lightly groomed to remove any mud or debris.

A person who knows the health history of the animal must be present for the appointment. If that person is a minor, all registration forms must be completed and emailed in advance including the contact information for a parent or guardian.

Please plan on an hour to initial appointments and at least 30 minutes for follow-up appointments. Sometimes appointments take longer than expected or things happen on the road. If I am running late for a mobile appointment, I will text you my estimated arrival at least 15 minutes before our scheduled time. Sometimes an animal needs to be seen urgently due to injury or illness, and I need to shuffle my schedule. I will do my best to reschedule with your animal same day or within 24 hours. Thank you for understanding that the same accommodation will be made to you and your animal if ever needed.

24-HOUR CANCELLATION + NO-SHOW POLICY

Appointment changes within 24 hours of our scheduled time impacts my ability to serve other animals. ***If you reschedule/cancel within 24 hours of your appointment or no-show for your appointment, you will be charged the full cost of the appointment including any applicable travel fees.*** Effective June 1, 2022, I will be storing credit cards on file securely through the Square app, which complies with current data protection practices. Additional information is available upon request.

I understand life happens, so please notify me as soon as possible if you need to reschedule for any reason. You will receive an email appointment reminder 3 days in advance. There will be no fee for appointments rescheduled/cancelled at least 24 hours in advance.

COORDINATION OF CARE

If you change veterinarians after the initial referral from has been completed, please notify me as soon as possible. The referral must be updated by your new veterinarian to maintain their health record.

PAYMENT

Payment is expected at the time of service. I accept cash, check, and all major credit/debit cards.

By my signature below, I certify that I have read, or have had read to me, the above policies and agree to the terms describes.

Printed Name

Signature

Date



**BARNYARD
CHIROPRACTIC**

Ph: 630-394-4228 | Fax: 847-512-4675

WWW.BARNYARDCHIROPRACTIC.COM

INFORMED CONSENT FOR CHIROPRACTIC CARE

As with all forms of health care, chiropractic offers considerable benefits with some level of risk. This level of risk is most often very minimal, but part of my role is to assist you in making informed choices. This process is often referred to as *informed consent* and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on the health of your animal under chiropractic care.

The American Veterinary Medical Association (AVMA) considers chiropractic medicine a complementary, alternative, and integrative therapy to be used concurrently and in conjunction with conventional veterinary care. In Illinois, licensed chiropractors certified in animal chiropractic may provide chiropractic care to an animal with written consent from a veterinarian. The veterinarian completing the referral must have an established veterinarian-client-patient relationship, and the client must provide informed consent to the veterinarian.

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.

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. Research specific to the clinical efficacy of animal chiropractic is limited, and some risks may be unknown.

Prior to our animal receiving chiropractic care with this clinic, a health history and physical examination will be completed. These procedures are performed to assess their specific condition(s) with specific concern for their spinal health. These procedures will assist us in determining whether chiropractic care is warranted or if referral back to your treating veterinarian is necessary. All relevant findings will be reported to you along with a care plan prior to initiating care.

Please complete the agreement on the following page.

I, _____, as the Owner, Guardian, and/or Authorized
Please print your name

Representative of _____ and being eighteen years of age or older, do
Animal's name

understand, substantiate and authorize the following:

1. Dr. Natalia LaVallie is a Doctor of Chiropractic licensed in Illinois. She has attended over 215 additional 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);
2. Chiropractic care **IS NOT** intended to replace conventional veterinary care for animals.;
3. Dr. LaVallie **IS NOT** a veterinarian; therefore, she cannot take responsibility for providing primary veterinary care to my animal;
4. Animal chiropractic care **DOES NOT** include dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing conventional veterinary care;
5. Dr. LaVallie has explained the scope of her care and described procedures that she will perform on my animal; she has also explained the risks associated with animal chiropractic care to my satisfaction, and I acknowledge that there can be no guarantee as to the outcome of any procedure;
6. It is necessary to obtain written consent from the primary treating veterinarian of my animal in order for Dr. LaVallie to treat my animal with chiropractic care;
7. I have had the opportunity to discuss chiropractic care for my animal with my veterinarian;
8. Reports will be provided to my veterinarian upon their request. I give Dr. LaVallie permission to release information concerning the care of my animal for the purpose of such reports when requested.
9. My veterinarian is Dr. _____ Phone: _____

By my signature below, I certify that I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication associated with chiropractic care, but I understand and accept that there are associated risks.

I have also had an opportunity to ask questions, and by signing below, I agree with the current or future recommendation to receive chiropractic evaluation and treatment as is deemed appropriate for my animal. I intend this consent to cover the entire course of care from Dr. Natalia LaVallie for treatment of present condition(s) and for any future condition(s) for which I seek chiropractic care for my animal.

I certify the information I provide is complete, true, and correct to the best of my knowledge and belief, and are made in good faith.

Printed Name

Signature

Date