



Harmony Animal Chiropractic LLC
262-903-5973
HarmonyAnimalChiro@gmail.com

Human Intake form

Patient Data:

First Name: _____ Last name: _____

Telephone: _____ Email: _____

Date of Birth: _____

Mailing Address: _____

Emergency Contact: _____

Referred by/ How did you find us: _____

Medical History:

Have you been to a chiropractor before: _____

Have you broken any bones: _____

Have you been Hospitalized: _____

Have you been in a car accident: _____

Have you had any surgeries: _____

Health conditions: _____

Family health conditions: _____

Are you pregnant: _____

Current Health Condition:

Reason for today's visit: _____

Date of injury: _____

Quality of pain: _____

Pain scale (1-10): _____

Is it getting better or worse: _____

Does the pain travel/radiate? _____

Numbness or tingling: _____

Any swelling or bruises: _____



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Consent to Chiropractic care

I, _____, voluntarily consent to the rendering of care, including adjustments and conversations about adjustments. I understand the risks of care and agree to treatments. If x-rays are required, I agree to have them done before any more treatments are received and will pay for them on my own.

Signature: _____ Guardian's signature: _____

Consent to payments

Payment is expected to be paid in full at the time of each service. If payments are not made, Harmony Animal Chiropractic LLC holds the right to stop rendering services. If a check is returned due to insufficient funds in the account, a \$35 penalty fee will be charged to the account.

I, _____ have read and understand the above policies

Patient signature

Date



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Animal Intake form

Patient Data:

First Name: _____ Last name: _____

Telephone: _____ Email: _____

Mailing Address: _____

Emergency Contact: _____

Primary Vet: _____

Referred by/ How did you find us: _____

Date of Birth: _____

Breed: _____

Discipline: _____

Medical History:

Have you been to a chiropractor before: _____

Any broken bones: _____

Hospitalizations: _____

Any accidents: _____

Any surgeries: _____

Health conditions: _____

Any joint injections/last one given: _____

On any medications and for what: _____

Type of diet: _____

Exercise levels: _____

Last vet visit/ any issues: _____

Last dental visit: _____



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Current Health Condition:

Reason for today's visit: _____

Date of injury: _____

Is it getting better or worse: _____

Has this happened before: _____



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VETERINARY DELEGATION FOR ANIMAL MUSCULOSKELETAL MANIPULATION

“Animal”: _____; Breed/Species: _____; Age: _____; Sex: _____

“Animal Owner”: _____

Address: _____
_____;

Phone: _____; Email: _____.

I, Dr. _____ (“Delegating Veterinarian”) do understand, substantiate, agree to, and authorize the following:

1. The Animal Owner identified above has requested that I refer the Animal identified above to Dr. Ashley Morell of Harmony Animal Chiropractic LLC for Animal Musculoskeletal Manipulation (“AMSM”) services.
2. AMSM is a mode of therapy that involves the examination, diagnosis, and treatment of nonhuman animals through manipulation and adjustments of specific joints and cranial sutures.
3. Pursuant to S.C. Code § 40-69-20(17), the practice of manipulation and adjustment on animals is considered a therapeutic option or alternate therapy.
4. Pursuant to S.C. Code § 40-60-270(C), a veterinarian may delegate the performance of procedures, therapeutic options, and alternate therapies provided the delegating veterinarian verify the qualifications of these persons and their competencies before delegation and the delegating veterinarian remains responsible for the general care of the patient.
5. Dr. Ashley Monell is a Doctor of Chiropractic, licensed in the state of South Carolina in care of humans pursuant to the attached Doctor of Chiropractic license attached herein.
6. Dr. Ashley Monell has completed a total of 210 hours of course specific to performing AMSM. This course work consisted of 38 hours of laboratory time and lecture on animal anatomy and biomechanics, 12 hours of lecture on animal applied functional neurology, 24 hours of lecture on chiropractic sciences, 20 hours of lecture on veterinary sciences, 22 hours of laboratory time and lecture on animal chiropractic adjusting techniques, and 28 hours of lecture on management of the animal chiropractic patient.
7. Dr. Ashley is certified to practice ASMS by the International Veterinary Chiropractic Association (“IVCA”) pursuant to the IVCA Animal Chiropractic Certificate attached herein.
8. Pursuant to S.C. Code § 120-5.3, a Veterinary Client Patient Relationship (“VCPR”) is characterized by the following attributes: (a) the veterinarian has assumed the responsibility for making medical judgements regarding the health of the animal(s) and the need for medical treatment, and the client (owner or other caretaker) has agreed to



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follow the instructions of the veterinarian; and when (b) there is sufficient knowledge of the animal(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s) and/or by medically appropriate and timely visits to the premises where the animal(s) are kept; and when (c) the practicing veterinarian is readily available for follow-up in the case of adverse reactions or failure of the regimen of therapy.

9. I have a current Veterinary Client Patient Relationship (VCPR) with Animal and Animal Owner listed above and believe ASMS to be reasonable and medically necessary, that the anticipated benefits outweigh any risks involved, and the performance of ASMS will not likely be harmful to Animal.
10. Dr. Ashley Monell **IS NOT** a veterinarian and cannot and will not take responsibility for the primary care of Animal.
11. I have requested Dr. Ashley Monell provide me with the following:
 - A copy of AMSM treatment plan.
 - A copy of all AMSM treatment records for Animal.
 - Do not send any additional information to me, only consult me if a traditional veterinary condition or emergency arises, if you need to alter your AMSM treatment plan, or at the termination of treatment.
 - Please request that Animal Owner allow Animal to be re-examined by me every _____ weeks.Other Specific Request: _____.

In acknowledgement of the foregoing, I hereby delegate the performance of AMSM for Animal to Dr. Ashley Monell.

Delegating Veterinarian Signature: _____

Delegating Veterinarian Name & Clinic Name: _____

Email: _____; Phone: _____; Fax: _____

Would you like to be listed on the Harmony Animal Chiropractic website and marketing materials as a delegating veterinarian so that other animal owners can find you? Yes No



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OWNER CONSENT TO ANIMAL MUSCULOSKELETAL MANIPULATION

I, _____, owner of the animal (the "Animal") described in the Veterinary Delegation for Animal Musculoskeletal Manipulation (the "Delegation Form"), attached hereto and incorporated herein, and being eighteen (18) years of age or older, do understand, substantiate, agree to, and authorize the following:

1. Dr. Ashley Monell of Harmony Animal Chiropractic LLC is a Doctor of Chiropractic, licensed in the care of humans. Dr. Ashley Monell has completed a total of 210 hours of course specific to performing chiropractic services to animals. This course work consisted of 38 hours of laboratory time and lecture on animal anatomy and biomechanics, 12 hours of lecture on animal applied functional neurology, 24 hours of lecture on chiropractic sciences, 20 hours of lecture on veterinary sciences, 22 hours of laboratory time and lecture on animal chiropractic adjusting techniques, and 28 hours of lecture on management of the animal chiropractic patient. Dr. Ashley is certified to practice animal musculoskeletal manipulation ("AMSM"), commonly known as "animal chiropractic" by the International Veterinary Chiropractic Association.
2. Dr. Ashley Monell **IS NOT** a veterinarian and cannot and will not take responsibility for the primary care of Animal.
3. Dr. Ashley Monell has explained to me the scope of her care and described the procedures she will be performing on Animal. I understand that AMSM is a mode of therapy that involves the examination, diagnosis, and treatment of nonhuman animals through manipulation and adjustments of specific joints and cranial sutures. I understand that there is no guarantee to the nature of Animal's condition or the resulting outcomes of AMSM.
4. Pursuant to S.C. Code § 40-69-20(17), the practice of manipulation and adjustment on animals is considered a therapeutic option or alternate therapy.
5. Pursuant to S.C. Code § 40-69-270(C), a veterinarian may delegate the performance of procedures, therapeutic options, and alternate therapies provided the delegating veterinarian verify the qualifications of these persons and their competencies before delegation and the delegating veterinarian remain responsible for the general care of the patient.
6. Dr. _____ has delegated the performance of AMSM to Dr. Ashley Monell for Animal pursuant to the attached Delegation Form.
7. I agree to immediately notify Dr. Ashley Monell if and when I no longer have a current Veterinary Client Patient Relationship ("VCPR"), as defined in the attached Delegation Form, with Dr. _____, and further warrant that Animal has not been examined or treated by another veterinarian for any condition other than those conditions treated or diagnosed by Dr. _____.
8. Dr. Ashley Monell has explained the risks associated with AMSM, including, without limitation fractures, disc injuries, dislocations, muscle strain and soreness, cervical myelopathy and costovertebral strains and separations, over stimulation of the sympathetic and



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parasympathetic nervous system, exacerbation of an unknown underlying physical injury, and negative reactions to treatment.

9. I do not expect Dr. Ashley Monell to be able to anticipate all risks and complications, I understand there may be other risks associated AMSM, and I hereby freely and knowingly assume all such risk, both known and unknown, in connection with the performance of AMSM on Animal.
10. I understand the costs associated with any complication, including additional diagnostics, testing, procedures, and surgery, that may arise from or during the performance of AMSM are not the responsibility of Dr. Ashley Monell or Harmony Animal Chiropractic LLC.
11. Should I request, or it becomes necessary, to handle Animal, I waive the option of legal action against Dr. Ashley Monell and/or Harmony Animal Chiropractic LLC, in the event I am injured.
12. Dr. Ashley Monell has made me aware of her fee schedule and I agree to pay at the time of service for services rendered and for travel costs accrued. I understand and agree to pay any cancellation fees which may be charged in the event I do not cancel any appointment with at least 24-hours advanced notice to Dr. Ashley Monell. I acknowledge and agree that Dr. Ashley Monell can deny services to Animal for any reason or for no reason whatsoever.

I am the owner or agent for the owner of Animal. I am mental competent, under no duress or the influence of drugs or alcohol and have read and understand this consent and freely and voluntarily execute my authorization to have Dr. Ashley Monell perform AMSM on Animal.

Signature: _____ Date: _____

Print Name: _____

Address: _____

Phone: _____ Email: _____

How did you hear about us? _____

I hereby irrevocably authorize Dr. Ashley Monell and Harmony Chiropractic LLC to utilize photographs and/or video of Animal in any and all marketing platforms. Yes No