



## ALTERNATIVE THERAPY RELEASE FORM

I, the person whose signature is affixed below, understand that chiropractic treatment is considered an alternative treatment protocol by the California Board of Veterinary Medical Examiners and the California State Veterinary Medical Association. I give my permission for Kendra Cohn, DC to treat my animal(s) using chiropractic treatment techniques and protocols. Dr. Cohn has informed me of conventional veterinary care that may also be used to treat the condition(s) my animal(s) is/are suffering from. I understand that Dr. Cohn will use the same care and consideration in the treatment of my animal(s) as would any veterinarian licensed by the California Veterinary Medical Board. I also understand that no guarantees are made as to the outcome of treatment using chiropractic treatment protocols and/or veterinary treatment protocols. Dr. Cohn is licensed to practice Chiropractic in the state of California by the California Board of Chiropractic Examiners, license #DC-30852.

Owner's Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_