

Veterinary Consent Form

K Kang Chiropractic, PLLC

Dr. Kelly Kang D.C, AVCA certified

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In order to evaluate/ treat an animal, we require veterinary consent from a licensed Nevada Veterinarian.

I, _____ (owner), hereby request authorization for Veterinary Consent for chiropractic care of _____

I request for the chiropractic services to be provided by Dr. Kelly Kang D.C., a certified ACCC/AVCA.

Owner's Signature

Date

I, _____ (Consenting Veterinarian) hereby authorize Dr. Kelly Kang D.C., a certified ACCC/AVCA to provide chiropractic care as needed for the patient(s) above. This consent is in compliance with the laws of Nevada State Board of Veterinary Medicine.

Please check all that apply:

The Patient(s) above has been seen in my clinic

The Patient above has been examined in my clinic for the condition(s) of: _____

Please send me copies of all your chiropractic care paperwork for my files.

Veterinarian's Signature: _____

Date: _____

Clinic: _____

Address: _____

City: _____

Phone: _____ Fax: _____