

Christianson Chiropractic, PLLC
631 Cleveland Ave S St. Paul, MN 55116
Tel 651-698-2321 Fax 1-844-273-1769
ali@christiansonchiromn.com
www.christiansonchiromn.com



Veterinary Consent Form

Christianson Chiropractic & Animal Chiropractic, PLLC

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

I, _____ (Owner), hereby request authorization for Veterinary Consent for chiropractic care of _____ . I request for the chiropractic services to be provided by Dr. Ali Schollmeyer D.C., a Board Certified Animal Chiropractor.

Owner's Signature

Date

I, _____ (Consenting Veterinarian) hereby authorize Dr. Ali Schollmeyer D.C., an International Veterinary Chiropractic Association Certified Animal Chiropractor to provide chiropractic care as needed for the patient(s) identified above. This consent is in compliance with the laws of the Minnesota Board of Veterinary Medicine.

Please check all that apply:

- ☐ The patient above has been seen in my clinic
- ☐ The patient above has been examined in my clinic for the condition(s) of:

Veterinarian Signature

Date

Name/Address of Clinic: _____

Email: _____

Telephone: _____

Fax: _____