

DALLAS ANIMAL CHIROPRACTIC

REFERRAL FOR ANIMAL CHIROPRACTIC

PET OWNER:

I, _____ (Owner) hereby request authorization for a Veterinary Referral for the chiropractic treatment of patient(s):

1) _____ 2) _____

3) _____ 4) _____

I understand that animal chiropractic is considered under state law to be an alternate (nonstandard) therapy. Further, I request for the chiropractic services to be provided by Andie Ibarra, Certified Animal Chiropractor.

Pet Owner Signature

Date

REFERRING VETERINARIAN:

I, _____ (referring Veterinarian) am clearing the patient(s) stated above for animal chiropractic, aka spinal manipulation.

Referring Veterinarian Signature

Date

Name of Business: _____

Telephone: _____

Email: _____

Phone: 469-901-2279

Email: dallasanimalchiro@gmail.com

Website: www.dallasanimalchiropractic.com