Referral for Chiropractic care

Date of Referral: _____
Referring Veterinary Clinic: _____
Phone: _____

Client Information
Owner's Name: _____
Phone: _____

Patient Information
Name: _____DOB/breed/color: _____
Name: _____DOB/breed/color: _____
Name: _____DOB/breed/color: _____

Referring Veterinarian Statement
I, Dr. _____, have a valid veterinary-client-patient relationship with the owner and animal(s) listed above. I have examined the animal and determined that a chiropractic evaluation is appropriate.
I have advised the owner that animal chiropractic is considered an alternative therapy in veterinary medicine, and that no guarantee can be made regarding the outcome of treatment.

Veterinarian
Signature: _____
Date: _____

Liability:

Dr. Marah Smith is AVCA certified to perform chiropractic on animals and is registered with the Minnesota Board of Chiropractic Examiners' animal registration. Pursuant to Minnesota statute **148.032** your referral allows her to see the listed animals under her scope of practice. This referral does not create the potential of liability for you and she is properly trained and insured for the work she performs.