

Referral for Animal Chiropractic Care

I, _____ (owner) hereby request authorization for a Veterinary Referral for the Chiropractic care of the patients (s):

- | | |
|----|----|
| 1) | 2) |
| 3) | 4) |

I understand that Chiropractic is considered under state law to be an alternative (nonstandard) therapy. Further, I request for the Chiropractic services to be provided by Erica K. Manger, D.C., C.A.C, an American Veterinary Chiropractic Association Board Certified Chiropractic, and Motion Chiropractic.

Owner

I, _____ (referring Veterinarian) in compliance with Rule 573.12 have performed the following tasks:

- **Established** a valid veterinarian/client/patient relationship;
- **Examined** the animal(s) to determine that Chiropractic will not likely harm the patient;
- **Obtained** a signed acknowledgement by the patient's owner (see above) that Chiropractic is considered under state law to be an alternative (nonstandard) therapy and this copy has been placed in the animals(s) file.

Therefore, I hereby authorize Erica K. Manger, D.C, C.A.C, an American Veterinary Chiropractic Association Board Certified Chiropractor, and Motion Chiropractic to provide Chiropractic care as needed for the patient(s) identified above.

Referring Veterinarian

Date

Name: _____

Address: _____

Telephone : _____ Fax: _____