

REFERRAL FOR ANIMAL CHIROPRACTIC CARE

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

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

I understand that chiropractic is considered under state law to be an alternate (nonstandard) therapy. Further, I request for the chiropractic services to be provided by Becky McGinnis, Doctorate of Chiropractic from Parker University, AVCA-certified in Animal 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 acknowledgment by the patient's owner (see above) that chiropractic is considered under state law to be an alternate (nonstandard) therapy and this copy has been placed in the animal(s) file.

Therefore, I hereby authorize Becky McGinnis, AVCA-certified in animal chiropractic, to provide chiropractic care as needed for the patient (s) identified above.

_____ Referring Veterinarian	_____ Date
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Name : _____
Address : _____ Email: _____

Telephone: _____ Fax: _____



Becky McGinnis
Doctorate of Chiropractic from Parker University
AVCA-Certified in Animal Chiropractic
214-483-9833