

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 Rebecca McGill, American Veterinary Chiropractic Association (AVCA) Board 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 spinal mobilization will not likely harm the patient;
- **Obtained** a signed acknowledgment by the patient's owner (see above) that animal 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 Rebecca McGill, AVCA Board Certified in Animal Chiropractic, to provide such services as needed for the patient (s) identified above.

Referring Veterinarian

Date

Name : _____

Address : _____

Telephone: _____ Fax: _____



Becky McGill, AVCA-Certified Practitioner
drbecky@theequinespine.com <> 214-483-9833