

Veterinary Referral Request for Chiropractic

Referral Date: ____/____/____

Veterinarian: _____

Contact #: _____ Contact Email: _____

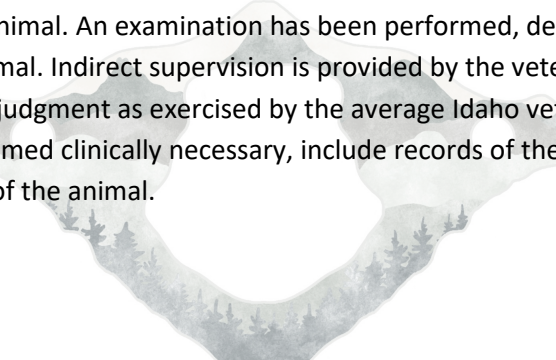
Owner Name: _____

Patient/Animal Name: _____

Species: _____ Breed: _____

Veterinarian Referral

In compliance with Idaho Veterinarian and Chiropractic Laws the Veterinarian has a veterinarian/patient relationship with owner and animal. An examination has been performed, determining chiropractic care will not cause harm to the animal. Indirect supervision is provided by the veterinarian to the animal's treatment, using professional judgment as exercised by the average Idaho veterinarian recommending chiropractic treatments. If deemed clinically necessary, include records of the examination and concerns to aid in the co-management of the animal.



_____initials

Owner Disclaimer

The owner is requesting referral from the veterinarian for chiropractic care to be administered to the animal by the certified animal chiropractor, licensed in the State of Idaho as a Chiropractic Physician. Chiropractic treatment is considered an alternate therapy in veterinary medicine. Owner recognizes and has been informed of conventional treatments available, their probability to cure the problem, and there are no guarantees in the treatment outcome.

_____initials

Owner Signature: _____

Date: ____/____/____

Veterinarian Signature: _____

Date: ____/____/____

Form must be complete with signatures before the first visit with Dr. Erena Lanza