

REFERRAL FOR ANIMAL CHIROPRACTIC CARE

I, _____ (owner), hereby request authorization for a Veterinary Referral for the chiropractic care of my pet(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 be provided by Shanna Jackson, DC, AVCA-certified in Animal Chiropractic.

Owner signature

Date

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 pet'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 Shanna Jackson, DC, AVCA-certified in animal chiropractic, to provide chiropractic care as needed for the pet(s) identified above and assume no liability with regard to this care and/or it's outcome.

Referring Veterinarian

Date

Vet Clinic Name : _____

Address : _____

Email: _____

Telephone: _____

Dr. Shanna Jackson
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