

REFERRAL FOR ANIMAL CHIROPRACTIC CARE

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

- 1) _____ 3) _____
2) _____ 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 Maryann N. Lopez, D.C., Texas License #9627.

Owner Signature

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 Maryann N. Lopez, D.C. to provide chiropractic care as needed for the patient(s) identified above.

Referring Veterinarian Signature

Date

Veterinarian Information:

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____