



# Evergreen Animal Chiropractic

## Referral Form

Patient: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Veterinary Information:

I, \_\_\_\_\_ (Veterinarian), have performed the following:

1. Established a valid veterinary/client/patient relationship.
2. Examined the animal to determine that animal chiropractic is appropriate. \*
3. Informed the owner that animal chiropractic care is considered under state law to be an alternative therapy.

\*If there is an area such as specific spinal segments or extremities that have been surgically repaired that should not be treated with chiropractic care but do not affect the care of the rest of the body, please list it here:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Clinic Name and Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any additional notes:

Please send all relevant medical records and radiographs with patient referral.