

Back in the Game Animal Chiropractic




Hal Brown, DC, CVSMT

Veterinary Referral Request for Chiropractic Care

Dear Dr. _____ : Date of Request _____

Your client, identified below, has requested that I provide chiropractic care for their animal(s), also identified below. Minnesota law requires that I obtain a referral from the animal's veterinarian before providing this care. Obtaining this referral is the purpose of my communication with you today.

In order to provide the referral that your client has requested, please:

-  complete the information below the dotted line or check it for accuracy
-  if it is already filled in, sign this form, and
-  return it via e-mail at drhal@animalchiropractic.tc or fax at 952-487-4747

I am certified in Veterinary Spinal Manipulative Therapy by the Healing Oasis Wellness Center in Sturtevant, WI (a program approved by the American Veterinary Chiropractic Association) I hold MN Chiropractic License #4417 and Animal Chiropractic Registration #007 with the MN Board of Chiropractic Examiners. If you need any additional information, please give me a call at 651-247-1769.

Thank you very much in advance for your referral. I look forward to working with you

Pet Owner's Name: _____ Address: _____ City: _____

Address where animal is kept(if different): _____ City: _____

Phone Number(s): Home: _____ Work: _____ Cell: _____

Email: _____

Animal's Name: 1) _____ 2) _____ 3) _____ 4) _____

Use corresponding animal's number above to label the following

Dog _____ Cat _____ Horse _____ Cow _____ Other(specify) _____

Gender: M _____ F _____ Neutered / Spayed: Yes _____ No _____

Age(s): _____ Color(s): _____



Referring Veterinarian's Name _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____ Fax: _____

Clinic Email: _____

Signature: _____ Date: _____