

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](mailto: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: \_\_\_\_\_