Monmouth Animal Chiropractic Clinic

ANIMAL CHIROPRACTIC REFERRAL FORM / Dr. Allie Phillips

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PATIENT INFORMATION

Patient: _____ Type of Animal: _____

Owner: _____

Address: _____

Phone: _____ Email: _____

If multiple patients please provide: Name and Type of animal for the remaining patients:

_____

_____

TO BE COMPLETED BY VETERINARIAN

I, _____ (Veterinarian), have performed the following:

1. Established a valid vet/client/patient relationship within the past year.
2. Examined the animal to determine that animal chiropractic is appropriate.
3. Informed the owner that animal chiropractic 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 for the rest of the body, please list it here:

_____

_____

Signature: _____ Date: _____

Phone: _____ Email: _____

Any additional notes:

_____

_____

_____

Please send any relevant medical records/radiographs with referral to: **mcclinic1983@gmail.com**

Thank you!