






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, 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 gottaflyanimalchiro@outlook.com**

I am certified in Animal Chiropractic care by the Options for Animals: College of Animal Chiropractic in Wellsville, KS (a program approved by the American Veterinary Chiropractic Association and International Veterinary Chiropractic Association) I hold MN Chiropractic License #7073 and Animal Chiropractic Registration #076 with the MN Board of Chiropractic Examiners. If you need any additional information, please give me a call at 218-590-3007.

Thank you very much in advance for your referral. I look forward to working with you and providing the very best in chiropractic care for your client.

Pet Owner's Name: _____

Address: _____

PhoneNumber(s): Home: _____ Work: _____ Cell: _____

Email: _____

Animal's Name: _____ Dog _____ Cat _____ Horse _____

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

Breed: _____ Color: _____



Referring Veterinarian's Name _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____ Fax: _____

Clinic Email: _____

Signature: _____ Date: _____



If you have multiple animals you would like a referral for please put their information here. If you have only one animal you are wanting the referral for, then leave this area blank.

Animal's Name: _____ Dog _____ Cat _____ Horse _____
Gender: M _____ F _____ Neutered / Spayed: Yes _____ No _____ Age: _____
Breed: _____ Color: _____

Veterinarian Signature: _____ Date: _____



Animal's Name: _____ Dog _____ Cat _____ Horse _____
Gender: M _____ F _____ Neutered / Spayed: Yes _____ No _____ Age: _____
Breed: _____ Color: _____

Veterinarian Signature: _____ Date: _____



Animal's Name: _____ Dog _____ Cat _____ Horse _____
Gender: M _____ F _____ Neutered / Spayed: Yes _____ No _____ Age: _____
Breed: _____ Color: _____

Veterinarian Signature: _____ Date: _____



Animal's Name: _____ Dog _____ Cat _____ Horse _____
Gender: M _____ F _____ Neutered / Spayed: Yes _____ No _____ Age: _____
Breed: _____ Color: _____

Veterinarian Signature: _____ Date: _____



Animal's Name: _____ Dog _____ Cat _____ Horse _____
Gender: M _____ F _____ Neutered / Spayed: Yes _____ No _____ Age: _____
Breed: _____ Color: _____

Veterinarian Signature: _____ Date: _____