

**REFERRAL FOR ANIMAL ADJUSTMENTS**

I, \_\_\_\_\_(Owner) hereby request authorization for a Veterinary Referral for alternative musculoskeletal, wellness therapies. Further, I request for the adjusting services to be provided by Dr. Bailey Black D.C., an AVCA certified, independent contractor, to perform alternate therapies- animal chiropractic and other forms of musculoskeletal manipulation (MSM) - for the following animals: (Please print.).

- 1.
- 2.
- 3.
- 4.

I understand that adjustments to the musculoskeletal system are considered under state law to be an alternative (nonstandard) therapy.

**Owner Signature:** \_\_\_\_\_

I, \_\_\_\_\_(referring Veterinarian) in compliance with Rule 573.14 have performed the

following tasks:

- Established a valid veterinarian/client/patient relationship;
- Examined the animal(s) to determine that adjustments will not likely harm the patient;
- Obtained a signed acknowledgment by the patient’s Owner (see above) that adjustments are considered under state law to be an alternate (nonstandard) therapy and this copy has been placed in the animal(s) patient record.

Therefore, I hereby authorize Dr. Bailey Black D.C., AVCA certified in animal chiropractic to provide adjustments as needed for the patient(s) identified above.

**Veterinarian Information**

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

Telephone: \_\_\_\_\_

**Referring Veterinarian**

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

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