

Maryland Animal Chiropractic, LLC

3209 Corporate Ct, Ellicott City, MD-21042, 443-201-1508
info@marylandanimalchiropractic.com



VETERINARY REFERRAL REQUEST FOR CHIROPRACTIC CARE

Dear Dr. _____,

Your client has requested that Maryland Animal Chiropractic, LLC, provide chiropractic care for their animal listed below. Maryland Animal Chiropractic, LLC, requires that we obtain a signed veterinary referral before providing care.

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

- review and sign this form,
- indicate the level of communication regarding care that you would like to receive, and
- return this form via email at info@marylandanimalchiropractic.com.

Dr. Thompson and Dr. Henrickson are certified in Animal Chiropractic through the International Veterinary Chiropractic Association (IVCA). Dr. Thompson is also an international and advanced instructor at Options for Animals College of Animal Chiropractic.

Patient (Animal)

Name: _____

Owner

Name: _____ Phone #: _____

PLEASE CHECK ONE OF THE FOLLOWING:

- Please send me a copy of your chiropractic notes for review. ***Your Email below**
- Please call me as soon as possible to discuss this case. I would like to be involved in decisions concerning care.
- It is not required to send any additional information to me, only consult me if traditional veterinary care is needed or an emergency arises.

PLEASE LIST ANY SPECIAL CONSIDERATIONS SUCH AS CONTRAINDICATIONS OR OTHER HEALTH RELATED MATTERS THAT MAY INFLUENCE CHIROPRACTIC CARE:

Veterinarian

Print Name: _____

Practice name: _____ Phone #: _____

Address: _____ City, State, Zip: _____

Email: _____

Veterinarian Signature: _____ **Date:** _____