



Veterinary Referral Request for Chiropractic Care

The client below would like their animal to be seen and treated with Chiropractic care by Dr. Jessica Hansen-Barnett, DC. Your name/clinic name was given as the primary health care provider for this patient. Pursuant to MN law, prior to Chiropractic treatment, your referral is needed. The client understands that this referral does not hold you or your clinic liable for any chiropractic services rendered to the patient. I hold MN Chiropractic License #5305 and Animal Chiropractic Registration #79 with the MN Board of Chiropractic Examiners. Please complete the following and return the form to me preferably by email (or fax).

Client Name: _____ Phone: _____

Address: _____

Animal Name: _____ Age: _____ Gender: _____

Species: _____ Breed: _____

Diagnosis: _____

PLEASE CHECK THE APPROPRIATE OPTION:

☐ 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.

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. If you have any questions or concerns, please give me a call at 507-382-4997.

Veterinarian Name: _____ Phone: _____

Clinic Name: _____ Fax: _____

Email: _____

Veterinarian Signature: _____ Date: _____