



PERFORMANCE CHIROPRACTIC, PLLC 

# Stable Performance Chiropractic, PLLC

Jennise Richardson-Lesak, DC, AVCA

281-451-3111

stablechiro@gmail.com



## Veterinarian Authorization Form General Supervision for Alternative Therapies (Texas Rule § 573.14)

To my Veterinarian,

I would like to have Jennise Richardson-Lesak, DC, AVCA, care for my animal(s). I am requesting your authorization for Jennise Richardson-Lesak, DC, AVCA, an independent contractor, to preform alternative therapies-animal chiropractic and other forms of musculoskeletal manipulation (MSM)- for the following animals:

(1) Animal's Name: \_\_\_\_\_ ☐ Equine ☐ Canine ☐ \_\_\_\_\_

(2) Animal's Name: \_\_\_\_\_ ☐ Equine ☐ Canine ☐ \_\_\_\_\_

(3) Animal's Name: \_\_\_\_\_ ☐ Equine ☐ Canine ☐ \_\_\_\_\_

(4) Animal's Name: \_\_\_\_\_ ☐ Equine ☐ Canine ☐ \_\_\_\_\_

I authorize, by my signature below, Jennise Richardson-Lesak, DC, AVCA, to preform alternative therapies for the animals listed above, and further certify that I am the owner/handlers/caretaker for the above animals. I understand that there is no guarantee of resulting outcomes of treatment. I understand that should a negative reaction happen to my animal, I will indemnify Jennise Richardson-Lesak, DC, AVCA, and my veterinarian.

Client Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

### VETERINARIAN: Please complete and email

My name and signature below, as a Doctor of Veterinary Medicine, in compliance with the Texas Administrative Code Rule §573.14, indicates I have: established a valid veterinarian/client/patient(s) relationship; examined the animal(s) to determine that animal chiropractic/MSM will not likely be harmful; and obtained as part of the patient's permanent record a signed acknowledgement by the owner or other caretaker (above) of the patient that animal chiropractic/MSM is considered by Texas law to be an alternative therapy. Therefore, I authorize, by my signature below, Jennise Richardson-Lesak, DC, AVCA, an independent contractor, to preform alternative therapies-animal chiropractic and other forms of musculoskeletal manipulation- for the animals listed above.

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

DVM  
Name: \_\_\_\_\_, DVM

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

☐ Please do not contact me, I will request information if I feel the need in the future.

☐ Please send me the initial examination information by (circle one) E-MAIL FAX # \_\_\_\_\_

☐ I would like to collaborated with Jennise Richardson-Lesak, DC, AVCA on the patient's care.

Please email this signed and completed form to: [stablechiro@gmail.com](mailto:stablechiro@gmail.com)