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## Fax 321. Veterinary Authorization for Chiropractic Care

Please return this form by email or bring with you to your appointment. The form must be completed prior to your animal receiving chiropractic care

| The   | e form must be completed prior to y   | our animal re  | ceiving chird  | ppractic care.   |  |  |
|---|---|--|--|--|--|--|
| understand that animal chiroprac<br>complimentary therapy and is<br>NOT a veterinarian and cannot<br>involved in animal chiropractic<br>guarantee as to the nature of the<br>listed patient/s | Veterinary Chiropractic As etic is NOT intended to replace intended to be used in conjurtake responsibility for the pricare to the owner's satisfaction animal's condition or the owner to Wild Life Chiropractic for | sociation, a<br>ce tradition<br>action with<br>mary care o<br>on prior to s<br>utcome of a | fter over 2<br>al veterina<br>the veterin<br>f any anim<br>tarting car<br>ny procedu | 00 hours of addition<br>ry care and is consic<br>arian's recommende<br>al. Dr. Ashley has on<br>e. Part of this 'risk' in<br>are. As the Veterinan<br>the by Dr. Ashley Mi | nal education. I<br>dered a non-standard or<br>ed care. Dr. Ashley is<br>r will explain the risks<br>is that there can be no<br>rian, I am referring the |  |
| Veterinarian Signature  |   |  |  | Date   |  |  |
| Animal's Name   | Breed   | Age  | Sex  | Altered  | Weight   |  |
|   |   |  |  |  |  |  |
| Client's Information  |   |  |  |  |  |  |
| Name  |   |  |  | Phone  |  |  |
| Address   | City  |  |  | State Zip  |  |  |
| Email   | •   |  |  |  |  |  |
| Referring Veterinarian Inf  | formation   |  |  |  |  |  |
| Name (Printed)  |   |  | Phone  |  |  |  |
| Clinic Name   |   |  | Email  |  |  |  |
| Current diagnosis/ being treated  | for   |  |  |  |  |  |
| Previous health history   |   |  |  |  |  |  |
| Treatment to date   |   |  |  |  |  |  |
| Please list any contraindications   | to care   |  |  |  |  |  |
| Enclosed:   Radiographs  Advanced imaging   | ☐ Radiograph report(s) g report(s) ☐ Other  |  | tory result  |  | imaging  |  |

Would you like a copy of each session sent to you via email? Veterinarian:  $\square$  Yes  $\square$  No

Thank you for your cooperation in helping provide chiropractic care for your patients and clients.

Please feel free to contact us at any time and we will remain in communication regarding your patient's ongoing care.