

**REFERRAL FOR ANIMAL CHIROPRACTIC CARE**

I, \_\_\_\_\_ (pet owner) hereby request authorization for a Veterinary Referral for the chiropractic care of patient(s):

- |    |    |
|----|----|
| 1) | 2) |
| 2) | 4) |

I understand that chiropractic is considered under state law to be an alternate (nonstandard) therapy. Further, I request for the chiropractic services to be provided by Walter J. Hickman, D.C., (Certified member of American Veterinary Chiropractic Association) and the Cy-Fair Back & Neck Clinic.

\_\_\_\_\_  
Pet Owner

I, \_\_\_\_\_ (referring Veterinarian) in compliance with Rule 573.12 have performed the following tasks:

- **Established** a valid veterinarian/client/patient relationship;
- **Examined** the animal(s) to determine that chiropractic will not likely harm the patient;
- **Obtained** a signed acknowledgement by the patient's owner (see above) that chiropractic is Considered under state law to be an alternate (nonstandard) therapy and this copy has been Placed in the animal(s) file.

Therefore, I hereby authorize Walter J. Hickman, DC, (Certified member of American Veterinary Chiropractic Association) and the Cy-Fair Back & Neck Clinic to provide chiropractic care as needed for the patient(s) identified above.

\_\_\_\_\_  
Referring Veterinarian

\_\_\_\_\_  
Date

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

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

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