



REFERRAL FOR ANIMAL CHIROPRACTIC CARE

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

Patient's name: _____

Description of patient: _____

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 Kendra Cohn, DC, who is a licensed Chiropractor in the state of California.

Owner Signature

I, _____, DVM (referring Veterinarian) in compliance with California Veterinary Medicine Practice Act Section 2038 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 acknowledgment 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 Dr. Kendra Cohn a licensed Chiropractor, to provide chiropractic care as needed for the patient (s) identified above.

Referring Veterinarian information:

Date: _____

Name: _____, DVM

Address: _____

Telephone: _____

Fax: _____