

REFERRAL FOR ANIMAL MANIPULATION

I, _____ (Owner) hereby request authorization for a Veterinary Referral for the manipulation of patient(s):

- 1) _____ 2) _____
- 3) _____ 4) _____

I understand that animal manipulation is considered under state law to be an alternate (nonstandard) therapy. Further, I request for the manipulation services to be provided by Jack Donnelly, D.C., C.C.E.P., C.A.C., an American Veterinary Chiropractic Association Certified Animal Manipulator, and the Healing Arts West.

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 manipulation will not likely harm the patient;
- Obtained a signed acknowledgment by the patient's Owner (see above) that manipulation 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 Jack Donnelly, D.C., C.C.E.P., C.A.C., an American Veterinary Chiropractic Association Certified Animal Manipulator, and the Healing Arts West to provide manipulation care as needed for the patient(s) identified above.

Referring Veterinarian

Date

Name: _____

Address: _____

Telephone: _____ Fax: _____