**Veterinary Referral Form**

**Lord Animal Chiropractic**

**A Division of Lord Spinal Care, S.C.**

In order to evaluate an animal, we must have a written veterinary referral from a licensed Wisconsin Veterinarian.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Owner), hereby request authorization for a Veterinary Referral for chiropractic care of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I request for the chiropractic services to be provided by Dr. Katherine Lord D.C., an American Veterinary Chiropractic Association Certified Animal Chiropractor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Owner’s Signature Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Referring Veterinarian) herby authorize Dr. Katherine Lord D.C., an American Veterinary Chiropractic Association Certified Animal Chiropractor to provide chiropractic care as needed for the patient(s) identified above. This referral is in compliance with the laws of the Wisconsin Board of Veterinary Medicine.

Please check all that apply:

 □ The patient above has been seen in my clinic

 □ The patient above has been examined in my clinic for the condition(s) of:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Please send me copies of all your chiropractic care paperwork for my files.

 □ Do not send me any additional information. Only consult me if a traditional veterinary

 condition or emergency arises.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Referring Veterinarian Signature Date

Name/Address of Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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