



Request for Veterinarian Referral Form:
Email COMPLETED form to: allstaranimalchiropractic@gmail.com
BEFORE the initial appointment.

To my Veterinarian,
I would like to have Hailey Arnold, DC, cAVCA, a trained and certified animal chiropractor, care for my animal[s]. I am requesting your veterinary authorization for Hailey Arnold, DC, cAVCA, to perform chiropractic services on my animals:

[1] Animal's Name:_____ Animal Type:_____

[2] Animal's Name:_____ Animal Type:_____

[3] Animal's Name:_____ Animal Type:_____

[4] Animal's Name:_____ Animal Type:_____

I authorize, by my signature below, Hailey Arnold, DC, cAVCA to perform chiropractic services for the animals listed above, and further, certify that I am the owner/handler/caretaker for the above animals.

Client Name:_____ Ph. Number:_____

Client Signature:_____ Date:_____

Veterinarian: Please complete and email to allstaranimalchiropractic@gmail.com

My name and signature below, as a Doctor of Veterinary Medicine, in compliance with Texas Administrative Code Rule 573.14, indicates I have: established a valid veterinarian/client/patient[s] relationship; examined the animal[s] to determine that animal chiropractic/MSM will not likely be harmful; and obtained as part of the patient's permanent record a signed acknowledgement by the owner or other caretaker [above] of the patient that animal chiropractic/MSM is considered by Texas law to be an alternative therapy. Therefore, I authorize by my signature below, Hailey Arnold, DC, cAVCA, an independent contractor, to perform alternate therapies - animal chiropractic and other forms of musculoskeletal manipulation - for the animals listed above.

Clinic Name:_____ Ph. Number:_____

Address:_____

City:_____ State:_____ Zip Code:_____

DVM Name:_____ E-mail:_____

DVM Signature:_____ Date:_____