



Veterinarian Referral Request for Animal Chiropractic Care

REFERRAL GUIDELINES

1. The owner listed below has requested a referral and authorization for Dr. Karen M. Hannah, DC, CAVCA, an American Veterinary Chiropractic Association Board Certified Animal Chiropractor, to provide his/her animal listed below with Chiropractic care.
2. Although Chiropractic treatment is considered an alternative therapy in Veterinary medicine, the owner approves and wishes to use this form of treatment on his/her animal. The owner has also been informed of the conventional treatments available and their probable outcomes.
3. The owner understands that no guarantees can be made for the outcome of the Chiropractic treatment. Chiropractic care does not cure disease or disorders.
4. Illinois state law requires licensed Chiropractors to obtain a written referral from the animal's primary Veterinarian prior to providing Chiropractic care. A referral from a Veterinarian implies and confirms a valid Veterinarian/Patient/Owner relationship.
5. The referring Veterinarian has acknowledged that an examination has been performed to determine that Chiropractic will not likely be harmful to the patient. Under this agreement, the referring Veterinarian maintains responsibility for the care of the animal.
6. Appropriate records will be kept and maintained for each adjustment. This signed referral request by the owner and the referring Veterinarian will also be part of the animal's permanent record.
7. Dr. Karen Hannah is licensed in the state of Illinois as a Doctor of Chiropractic with license number 038.011779 and Animal Chiropractic certificate number 1252. Dr. Hannah is NOT a licensed Veterinarian and does not prescribe medications, perform surgery, or diagnose Veterinary disease in animals.

OWNER INFORMATION

Owner's Name: _____ Address: _____
Animal's Name: _____ City, State & Zip: _____
E-mail Address: _____ Phone Number: _____

By signing below, I agree that I am the animal's legal owner and understand that Chiropractic care is considered under state law to be an alternate therapy. Furthermore, I request and agree for Chiropractic services to be provided by Dr. Karen M. Hannah, DC, CAVCA for my animal listed below.

Owner's Signature: _____ Date: _____

PATIENT INFORMATION

Species: _____ Breed: _____
Birth Date: _____ Color: _____
Gender & Spayed/Neutered: _____ Weight: _____

PRIMARY REFERRING VETERINARIAN INFORMATION

Vet's Name: _____ Clinic Name: _____
Clinic Phone: _____ Clinic Address: _____
Clinic E-mail: _____ City, State & Zip: _____

After examining the above patient and determining that Chiropractic care is appropriate, I hereby authorize, Dr. Karen M. Hannah, DC, CAVCA to provide Chiropractic care as needed to the patient listed above.

Referring Veterinarian's Signature: _____ Date: _____