

Dr. Emma Schroeder McClintock, D.C.

P: 231-726-6355

F: 231-747-8716

VETERINARY REFERRAL REQUEST FOR CHIROPRACTIC CARE

Dear Dr. _____

Date of Request: _____

Your client, listed below, has requested that I provide chiropractic care for their animal, also listed below. Michigan requires that I obtain a referral from the animal's veterinarian before providing this care. In order to provide the referral that your client has requested, please:

- Review and sign this form
- Indicate the level of communication, regarding care, that you would like to receive from me
- Return this form via email to: dr.emma.mcclintock@gmail.com or fax to 231-747-8716

I am a Certified Animal Chiropractor, after completion of the 210 hour certification course at Options for Animals College of Chiropractic and passing the certification exam by the IVCA (International Veterinary Chiropractic Association). I hold an active Michigan Chiropractic license. If you need additional information, please feel free to contact me at my office, (231) 726-6355.

Animal Owner's Name: _____

Phone Number: _____

Appointment Date: _____

Animal's Name: _____

Equine _____ Canine _____ Feline _____

Breed: _____ Color/Markings: _____

Age: _____ Gender: _____

Reason for Seeking Chiropractic Care:

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- o Please call me as soon as possible to discuss this case. I would like to be involved in decisions concerning your chiropractic care.
- o Please send me a copy of your chiropractic treatment notes for review.
- o Do not send any additional information to me, only consult me if a traditional veterinary condition or emergency arises.
- o Do not treat this patient with chiropractic care, as his/her condition, in my opinion, can only worsen with that type of care.

Please list any special considerations such as contraindications or other health related matters that may influence chiropractic care:

VETERINARIAN: _____

CLINIC NAME: _____

CLINIC ADDRESS: _____

CLINIC PHONE #: _____

CLINIC FAX #: _____

DVM SIGNATURE: _____

DATE: _____