
Animal Chiropractic Referral Form

Jacqueline Botts, DC, Certified Animal Chiropractor
Jessica Conlon, DC, Certified Animal Chiropractor

Patient: _____

Owner: _____

Address: _____

Phone: _____ Email: _____

To Be Completed by Referring Veterinarian:

I, _____ (Veterinarian), have performed the following:

1. Established a valid veterinary/client/patient relationship within the past year.
2. Examined the animal to determine that animal chiropractic is appropriate. *
3. Informed the owner that animal chiropractic care is considered under state law to be an alternative therapy.

*If there is an area such as specific spinal segments or extremities that have been surgically repaired that should not be treated with chiropractic care but do not affect the care for the rest of the body, please list it here:

Signature: _____ Date: _____

Printed Name: _____

Clinic Name and Address: _____

Phone: _____ Email: _____

Any additional notes:

Please send all relevant medical records and radiographs with patient referral to: agcpvets@gmail.com

This form must be completed once per year in order to comply with ACGP clinic policy, adhere to the highest standard of patient care for Animal Chiropractic services, and comply with the Texas Board of Veterinary Medical Examiners regulations and rules regarding chiropractic care as an alternative therapy.