

Veterinarian Referral Form

GENERAL SUPERVISION REQUEST FOR ANIMAL CHIROPRACTIC (rule 573.14)

	, as '	Owner / Caretaker	, hereby request authorization for Angela
Ste	ephens, an independent conti	ractor, to perform	Animal Chiropractic for patient(s):
1.	Name:	canine / c	equine / feline (please circle applicable)
			canine / equine / feline (please circle applicable)
			equine / feline (please circle applicable)
	Presenting Problem:		
4.	Name:	canine / c	equine / feline (please circle applicable)
•	Presenting Problem:		
Care.	·		herapy and is not to replace Veterinary:
Phone:	Email:		
Owner / Care	etaker Signature:		Date:
		(Superv	vising Veterinarian) in compliance with
 Γexas Admini	istrative Code rule 573.14 hav		, ,
✓ Estab	olished a valid veterinarian/cl	ient/patient relation	onship
✓ Determine	rmined that chiropractic/MSI	•	harmful to the animal.
✓ Obta	·		a signed acknowledgement by the Owner /
✓ Obta Caret	taker of the patient that Texa	s Law considers "A	a signed acknowledgement by the Owner / nimal Chiropractic" to be an alternative
✓ Obta Caret thera	taker of the patient that Texa apy. Therefore, I hereby autho	is Law considers "A orize Angela Steph	a signed acknowledgement by the Owner / nimal Chiropractic" to be an alternative
✓ Obta Caret thera	taker of the patient that Texa	is Law considers "A orize Angela Steph	a signed acknowledgement by the Owner / nimal Chiropractic" to be an alternative
✓ Obta Caret thera alteri	taker of the patient that Texa apy. Therefore, I hereby authon native therapies for the patie	ns Law considers "A orize Angela Steph ent(s) listed above.	a signed acknowledgement by the Owner / Inimal Chiropractic" to be an alternative ens, an independent contractor, to perforn
✓ Obta Caret thera alteri	taker of the patient that Texa apy. Therefore, I hereby authon native therapies for the patie	ns Law considers "A orize Angela Steph ent(s) listed above.	a signed acknowledgement by the Owner / Inimal Chiropractic" to be an alternative ens, an independent contractor, to perforn
✓ Obta Caret thera alteri Clinic:	taker of the patient that Texa apy. Therefore, I hereby authonative therapies for the patie	ns Law considers "A orize Angela Steph ent(s) listed above.	a signed acknowledgement by the Owner / Inimal Chiropractic" to be an alternative ens, an independent contractor, to perform
✓ Obta Caret thera alteri Clinic: Address:	taker of the patient that Texa apy. Therefore, I hereby authon native therapies for the patie	is Law considers "A orize Angela Steph ent(s) listed above. State:	a signed acknowledgement by the Owner / Inimal Chiropractic" to be an alternative ens, an independent contractor, to perform

PLEASE NOTE: I *must* have this form complete with signatures before I can see your animal, no exceptions. Please bring it with you to your first appointment or email it to abstephens26@gmail.com

^{**}Angela Stephens is certified by the International Veterinarian Chiropractic Association and malpractice insured.