

# *Oswald Animal Chiropractic*

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*Certified Animal Chiropractors*

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## **Veterinary Release for Chiropractic Care**

Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Patient:

Species \_\_\_\_\_ Breed: \_\_\_\_\_ Name: \_\_\_\_\_

(List other animals on the back of this page or on additional pages and have veterinarian initial)

Veterinarian's

Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Animal Chiropractors Name: \_\_\_\_\_

### **Client**

- Client requests a referral from the veterinarian for animal chiropractic care to be administered by the animal chiropractor, who is certified by the AVCA and insured.
- Although chiropractic treatment is an alternate therapy in veterinary medicine, Client approves its use in the treatment of the animal. Client has been informed of the conventional treatments available and their probable ability to cure the problem.
- Client understands that no guarantees can be made for the outcome of treatment.

### **Veterinarian**

- Veterinarian has a valid veterinarian/client/patient relationship with the client and this animal.

Client: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Animal Chiropractor: \_\_\_\_\_