

Dr. Emma Schroeder, D.C.

P: 231-402-0081

F: 231-903-6421

## VETERINARY REFERRAL REQUEST FOR CHIROPRACTIC CARE

Dear \_\_\_\_\_,                      Date of Request: \_\_\_\_\_

Your client, listed below, has requested that I provide chiropractic care for their animal, also listed below. The State of 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 and/or involvement, regarding care, that you would like to receive from me
- Return this form via email to: [info.equinoxchiropractic@gmail.com](mailto:info.equinoxchiropractic@gmail.com) or fax to 231-903-6421

I am a Certified Animal Chiropractor, after passing the IVCA (International Veterinary Chiropractic Association) certification examinations following the completion of the 210-hour certification course at Options for Animals College of Chiropractic. My IVCA certification number is 1393. I hold an active Michigan Chiropractic license. I also offer soft tissue bodywork, cold laser therapy utilizing the Erchonia Class II laser, as well as PEMF therapy for both small and large animals. If you need additional information, please feel free to contact me at my cell number, (231) 402-0081.

Animal Owner's Name: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

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

Animal's Name: \_\_\_\_\_

Equine \_\_\_\_\_ Canine \_\_\_\_\_

Feline \_\_\_\_\_

Breed: \_\_\_\_\_ 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, however cold laser or PEMF therapies would be approved for the animal's current condition.
- o Do not treat this patient with chiropractic care or any therapies, 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:

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VETERINARIAN:

CLINIC NAME:

CLINIC ADDRESS:

CLINIC PHONE #:

CLINIC FAX #:

DVM SIGNATURE:

DATE:

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