



## Veterinary Referral Form

We must have a written veterinary referral from a licensed veterinarian to provide care.

Fax completed form to: 772-999-5698 or Email to: indianriverchiropractic@gmail.com

**Client First and Last Name:** \_\_\_\_\_

**Patient/Pet Name:** \_\_\_\_\_

This client requests that chiropractic services be provided by Dr. Ryan Hess, DC, CVST at Indian River Health Center for their pet named above. The client has been provided with the risks and benefits associated with animal chiropractic and understands that the referring veterinarian will not be held liable should any negative reactions to chiropractic care occur. The client also understands that the employees of Indian River Health Center are NOT veterinarians, and they do not intend to replace traditional vet care or take responsibility for my animal's primary healthcare needs.

I, (Veterinarian Name): \_\_\_\_\_, hereby authorize Dr. Ryan Hess, DC, CVST to provide chiropractic care as needed for the pet identified above. This referral is in compliance with the laws of the Florida Board of Veterinary Medicine.

Please check all that apply:

\_\_\_ The patient/pet has been seen in my clinic, and I am comfortable referring them for chiropractic care.

\_\_\_ Please send copies of SOAP notes after new patient/pet appointments and when new complaints arise.

\_\_\_ Please do not send me any additional information or SOAP notes. Only consult me if a traditional veterinary condition or emergency arises.

**Veterinarian Name:** (print) \_\_\_\_\_

**Veterinarian Clinic Name:** (print) \_\_\_\_\_

**Veterinarian Signature:** \_\_\_\_\_

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

Optional: Important information about this pet: \_\_\_\_\_

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