



Animal Chiropractic Referral Form

Michele Petrilli, DC, AVCA Certified Animal Chiropractor
(904)-238-4213

Patient: _____

Owner: _____

Address: _____

Phone: _____

Email: _____

Veterinary Information:

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

1. Established a valid veterinary/client/patient relationship.
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.