



Tel: 352-812-0085

Fax: 352-608-9783

FrontDesk@FarmhouseChiropractic.com
Address: Arena 2, World Equestrian Center
1390 NW 21st street , Ocala, Fl 34482

Canine Veterinary Referral Form

Patient Name: _____

DOB: _____

Owner Name: _____

Owner #: _____

Current Dx/treated for: _____

Previous health history: _____

Please list any contraindication to care: _____

Goal for treatment: _____

Dr. Jillian Johnson is a Doctor of Chiropractic, licensed in the care of humans. She has attended several hundred hours of education specific to Animal Chiropractic. Dr. Jillian Johnson is certified by the American Veterinary Chiropractic Association to adjust animals. Chiropractic care is **NOT** intended to replace traditional veterinary care, but is considered to be a Complimentary Therapy, to be used concurrently and in conjunction with my veterinarian's care. Dr. Jillian Johnson is **NOT** a veterinarian, and cannot take responsibility for the primary care of my animal. Dr. Jillian Johnson has explained the risks involved with Animal Chiropractic care to my satisfaction, and I realize that there can be no guarantee as to the nature of my animal's condition or the outcome of any procedure. I am referring the above listed patient to Farmhouse Chiropractic for treatment by Dr. Jillian Johnson DC, AVCA provider & Ashlee Parker CCMT, CEMT. Modalities may include adjustment, massage therapy, laser therapy, stretching, strengthening exercises, fascial blading, and kinesiology taping. **Per Florida law, a veterinary referral must be signed prior to chiropractic care.**

Veterinarian name: _____

Date: _____

Veterinarian signature: _____

I would like a copy of treatment notes sent to me: **Yes/No/Initial Visit Only (circle)**

If YES, Email: _____