



Claws, Paws, & Hooves C H I R O P R A C T I C

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Brent Holtz, D.C. is certified in animal chiropractics through Options for Animals, Wellsville, KS.

REFERRAL REQUEST FROM VETERINARIAN

Dear _____ Date of Request _____

The client listed below would like the patient listed above to be seen for a chiropractic evaluation and possible treatment with chiropractic care by Dr. Brent Holtz, D.C., of Claws Paws & Hooves Chiropractic.

Thank you in advance for your referral. Look forward to working with you.

Pet Owner _____ Address _____

Address where animal is kept (if different from owner) _____ City _____

Phone Numbers Work _____ Cell _____

Email _____

Animals Names 1) _____ 2) _____ 3) _____ 4) _____

Use corresponding animal's number above to label the following.

Dog _____ Cat _____ Horse _____ Cow _____ Other _____

Gender M _____ F _____ Neutered? Spayed Yes _____ No _____

Ages _____ Color _____

Please fill out this information for the referral

Your name and/or clinic was provided as a health care provider for this patient. Pursuant to MN law, prior to Chiropractic treatment, your referral is needed. The client understands that this referral does not hold you or your clinic liable for any chiropractic services rendered to the patient. _____ (vet initials)

Please review the following and check all of the appropriate boxes:

Referring Veterinarian's Name _____

Clinic Name _____

Clinic Address _____

Clinic Phone _____ Clinic Fax _____

Signature _____ Date _____

- The patient was last seen by me/my clinic on _____.(approx. date)
- Please call me as soon as possible. I would like to be involved in all decisions concerning chiropractic care.
- Only consult me if a traditional veterinary condition or emergency arises.
- Please send copies of all the patient's chiropractic care record for my files.