

Jennifer Schommer, DC, CVSMT
Achieve Health Chiropractic Clinic
Chiropractor for Large and Small Animals
Veterinary Referral Request for Chiropractic Care

Dear Dr. _____

Date of Request: _____

Your client, identified below, has requested that I provide chiropractic care for their animal, also identified below. Minnesota law requires that I obtain a referral from the animal's veterinarian before providing this care. Obtaining this referral is the purpose of my communication with you today.

In order to provide the referral that your client has requested, please:

- sign this form, and
- return it via fax at 952.546.0168

I am certified in Veterinary Spinal Manipulative Therapy by the Healing Oasis Wellness Center in Sturtevant, WI (a program approved by the American Veterinary Chiropractic Association). I hold MN Chiropractic License # 5431 and Animal Chiropractic Registration # 022 with the MN Board of Chiropractic Examiners. If you need any additional information, please give me a call at 763.300.8889.

Thank you very much in advance for your referral. I look forward to working with you!

Pet Owner's Name: _____

Address: _____

Phone Number(s): _____

Email: _____

Animal's Name: _____ Dog _____ Cat _____ Horse _____

Gender: M _____ F _____ Neutered / Spayed: Yes _____ No _____ Age: _____

Breed: _____ Color: _____



Referring Veterinarian's Name: _____

Clinic Name:

Clinic Address:

Clinic Phone:

Fax:

Signature: _____ Date: _____