

VETERINARIAN REFERRAL FORM

Dr. Tj Chapman, DC, AVCAc

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GENERAL SUPERVISION REQUEST FOR
ANIMAL CHIROPRACTIC (rule 573.14)

I, _____ as Owner / Caretaker, hereby request
authorization for

Dr. Tj Chapman, an independent contractor, to perform Animal Chiropractic for
patients) below:

1. Name: _____ Canine / Equine / Feline (please circle)
2. Name: _____ Canine / Equine / Feline (please circle)
3. Name: _____ Canine / Equine / Feline (please circle)
4. Name: _____ Canine / Equine / Feline (please circle)
5. Name: _____ Canine / Equine / Feline (please circle)
6. Name: _____ Canine / Equine / Feline (please circle)
7. Name: _____ Canine / Equine / Feline (please circle)
8. Name: _____ Canine / Equine / Feline (please circle)
9. Name: _____ Canine / Equine / Feline (please circle)
10. Name: _____ Canine / Equine / Feline (please circle)

As the Owner/Caretaker I acknowledge that Animal Chiropractic is considered by Texas
law to be an alternative therapy which requires veterinary approval prior to care for the
safety of your pet.

Phone: _____

Email: _____

Owner / Caretaker Signature: _____ Date: _____

Due to Texas Administrative Code rule 573.14 we must have:

Established a valid veterinarian/client/patient relationship; and
Examined the animal(s) to determine that Animal Chiropractic will not likely be harmful to the patient and Obtained as part of the patient's permanent record a signed acknowledgement by the Owner / Caretaker of the patient that Animal Chiropractic is considered by Texas Law to be an alternative therapy.

Therefore, I hereby authorize Dr. Tj Chapman, an independent contractor, to perform alternative therapies - Animal Chiropractic - for the patient(s) listed above.

**all animal chiropractic care is covered under Dr. Chapman's Malpractice liability Insurance through NCMIC, if you have any questions please call.

Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Veterinarian's Signature: _____ Date: _____

PLEASE NOTE: I must have this form complete with signatures before I can see your animal. Please bring it with you to your first appointment OR email it to drtjchapman@gmail.com

List of any conditions/contraindications that may affect spinal manipulation/adjustments for the pets listed below:

- _____
- _____
- _____
- _____
- _____

I look forward to caring for your animal, thank you! If you have any questions feel free to call or text Dr. Tj Chapman, DC.