

This page is to be signed by the veterinarian who is referring your animal for chiropractic care. Please have this signed form with you at the time of your appointment with Heather Wright.

**Referral For Animal Chiropractic Evaluation And Treatment**

Animal's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Referring Vet: \_\_\_\_\_

Vet's Phone: \_\_\_\_\_

Primary Complaints: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Species: Canine Feline Equine

I have an established client/veterinarian relationship with this patient, have examined the animal to determine the animal's tolerance of chiropractic care, and have obtained a signed acknowledgement of the owner that chiropractic care is considered as an alternate therapy. I therefore authorize Heather Wright to provide chiropractic care as needed for the patient(s) listed above.

Signature of referring Vet: \_\_\_\_\_

PLEASE CALL TO SCHEDULE AN APPOINTMENT

**Wright Chiropractic Health Center, PA**  
Heather Wright, BS, Graduate Palmer Chiropractic  
702B Eureka Street  
Weatherford, Texas 76086  
**817-594-5944**

Please complete and sign this form and have it with you at the time of your scheduled appointment with Heather Wright.

*Wright Chiropractic Health Center*

Animal Chiropractic Information Sheet

Animal's Name: \_\_\_\_\_

Type: Dog Cat Horse

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Circle one please: M F  
Has this animal been castrated or spayed? Y N

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone number Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Reason for visit: \_\_\_\_\_

Was there an accident or cause of injury? Describe:

\_\_\_\_\_

Has animal ever had a chiropractic adjustment before? Y N

If Yes, by whom? \_\_\_\_\_ Date: \_\_\_\_\_

If Yes, How did the animal tolerate treatment? \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a Referral? Y N NOTE: State law requires a referral note be on file.

Informed Consent To Treatment Of An Animal

**I hereby authorize the Wright Chiropractic Health Center and whomever they may designate as Doctors or Assistants to examine and administer treatment as they deem necessary to my animal. I understand there are certain indigenous risks involved in the nature of my treatment, among which are soreness, sprain/strain, nausea, and rib fracture. I have been informed of the nature of the procedures to be employed, their risks, if there are other alternative treatments and their risks, as well as the risks attendant to remaining untreated.**

**I hereby swear that I am the owner of the above listed animal, who is the animal receiving treatment.**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date