



VETERINARY MEDICAL PERMISSION FORM

In an effort to offer the best and safest care possible, veterinary permission is required prior to animal chiropractic treatment. This form will need to be filled out and signed by your veterinarian prior to your animal's first visit. If you or your veterinarian has any questions or concerns, please don't hesitate to call the office at - **(970) 420-9489**.

To be filled out by the owner:

Owners Name:

Animals Name:

Age:

Gender:

Reason for chiropractic care:

Owners Address:

Owners Phone Number:

To be filled out by Tails Animal Chiropractic Care:

Time Received:

Animals First Appointment:

Doctor's Signature:

Date:

To be filled out by the veterinarian:

Your client has contacted my office to request chiropractic evaluation and treatment for their animal companion. To provide the best possible care and in accordance with the chiropractic and veterinary statues, your veterinary permission for this animal is requested. If you are aware of no medical conditions that would contraindicate chiropractic care, please sign and send back this form so that I may treat the animal. I am a licensed chiropractor certified in animal chiropractic by the American Veterinary Chiropractic Association. I can assure you that I will take the upmost precautions with this patient and will refer back any veterinary related issues. If you have any questions or concerns about the efficacy of chiropractic for this animal at this time, please don't hesitate to contact me (Dr. Alisha Jacobs) at **(970) 420-9489**.

Name of Veterinary Clinic:

Phone:

Address:

Fax:

Name of Attending Veterinarian:

Date of last exam:

Diagnosis (definitive or working):

Comments:

I hereby give permission to Dr. Alisha Jacobs, DC to treat the above mentioned animal with chiropractic protocols as approved by the American Veterinary Chiropractic Association.

Signature:

Date: