



Animal Chiropractic Referral Form

Dr. Jessica Conlon, D.C. Certified Animal Chiropractor

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(FOR THE OWNER)

I, _____, am requesting authorization for the following animal(s) to undergo an exam and treatment for animal chiropractic.

Name: _____ Age: _____ Species/ Breed: _____

I, _____, certify that I am the lawful owner of the above listed and that I am of lawful age, understand, and authorize the following:

1. Jessica Conlon is a Doctor of Chiropractic licensed in human care in the state of Texas. She has completed postgraduate work which allows her to perform Animal Musculoskeletal Manipulation (AMSM) and is certified in Animal Chiropractic through the American Veterinary Chiropractic Association.
2. Jessica Conlon is NOT a veterinarian and will NOT and does NOT intend to replace traditional veterinary care or take responsibility of my animal(s) primary healthcare needs. I am seeking animal chiropractic for my animal(s) as a complementary therapy to be used in conjunction with my current veterinary care.
3. Texas law states: "animal chiropractic and other forms of musculoskeletal manipulation are systems of therapeutic application of mechanical forces applied manually through the hands or any mechanical device to diagnose, treat, and or alleviate impaired or altered function of related components of the musculoskeletal system of nonhuman animals. Chiropractic...[is] considered to be an alternate therap[y] in the practice of veterinary medicine." **22 Tex Admin Code 573.14**. Animal Chiropractic does **NOT** include dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.
4. Texas law also states: "Alternate therapies including: ultrasound diagnosis and therapy, magnetic field therapy, holistic medicine, homeopathy, chiropractic treatment, acupuncture, and laser therapy are performed only by Veterinarian or under the supervision of a veterinarian" **Sec. 801.151** It is therefore recommended, that in states where the practice act permits, a Chiropractor that is certified and educated in AMSM perform all services with the consent from the owner and a licensed veterinarian currently providing care.

5. Jessica Conlon has explained her scope of practice and the procedures to be performed.
6. I understand that there is no guarantee to the nature of my animal's condition or the resulting outcomes of treatment. I understand that negative reaction can happen to my animal, particularly where there are pre-existing/underlining conditions. Should reactions occur, I will indemnify Jessica Conlon and my veterinarian.
7. I authorize my veterinarian and Jessica Conlon to share any and all records with each other as to better understand the nature of my animal's condition.

I hereby authorize Jessica Conlon to examine and treat my animal(s). I certify that my animal has had routine and current veterinary care and that I have disclosed all pertinent information about exams, treatments, and diagnoses.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Phone: _____ Email: _____

(FOR THE VETERINARIAN)

I, _____ (veterinarian name), in compliance with **Rule 573.14**, have performed the following:

1. Established a valid veterinarian/client/patient relationship.
2. Examined the animal(s) to determine animal chiropractic is not contraindicated. *
3. Obtained acknowledgement from the owner that animal chiropractic (AMSM) is considered under state law to be an alternative therapy.

*If there is a relative contraindication such as specific spinal segments or extremities that have been surgically repaired that should not be treated with chiropractic care but do not affect care for the rest of the body, please list it here.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Phone: _____ Email: _____

Please list any additional notes here:

