



PARADOX CHIROPRACTIC

HUMANKIND EQUINE CANINE FELINE

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VETERINARY REFERRAL REQUEST FOR CHIROPRACTIC CARE Date of Request: _____

Your client, listed below, has requested that we provide chiropractic care for their animal, also listed below. Minnesota law requires that I obtain a referral from the animal's veterinarian before providing this care.

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

- review and sign this form
- indicate the level of communication regarding care that you would like to receive from me
- return this form via email at assistant@paradoxchiropractic.com, fax at (320) 315-4291

We are certified in Animal Chiropractic by the International Veterinary Chiropractic Association (IVCA #0668, #1781). We hold MN Chiropractic Licenses (#3616, #6685) and Animal Chiropractic Registration (#AC 024, #AC60) with the MN Board of Chiropractic Examiners. If you need additional information, please feel free to call us at (320) 632-6757.

Also, check out our Web Pages at ParadoxChiropractic.com

Animal Owner's Name: _____

Phone Number: _____ Patient's date of birth: _____

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

Breed: _____ Color: _____ Gender: _____

Reason for seeking chiropractic care: _____

Please, contact Client to schedule

Client will call to schedule

- o Please send me a copy of your chiropractic treatment notes for review.
- o Please call me as soon as possible to discuss this case. I would like to be involved in decisions concerning your chiropractic care.
- o Do not send any additional information to me, only consult me if a traditional veterinary condition or emergency arises.
- o Do not treat this patient with chiropractic care, as his/her condition, in my opinion, can only worsen with that type of care.

PLEASE LIST ANY SPECIAL CONSIDERATIONS SUCH AS CONTRAINDICATIONS OR OTHER HEALTH RELATED MATTERS THAT MAY INFLUENCE CHIROPRACTIC CARE:

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____ Clinic Email: _____

DVM's Name: _____ Signature: _____ Date: _____