

# Heart and Hoof Chiropractic

Phone (512) 627-9011 / Fax (512) 852-4700

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## Veterinary Referral Request for Adjustment

### Referral Guidelines

1. Your clinic listed below has requested that Dr. Rhonda Parker, DC, cAVCA, Texas licensed Chiropractor (who is trained to adjust animals) provide the animal(s), also listed below, with adjustments. She completed her AVCA required training from Parker Chiropractic College/Parker Animal Chiropractic Program in Dallas, Texas and is Certified and held to a higher standard of care by the American Veterinary Chiropractic Association ("AVCA").
2. Texas state law requires licensed Chiropractors to obtain a referral from an animal's primary Veterinarian prior to providing any manipulation. Dr. Parker is NOT a licensed veterinarian and therefore understands that a manipulation/adjustment is not traditional Veterinary care.
3. Dr. Parker is licensed in the state of Texas as a Doctor of Chiropractic with license number #10404 as of April 2006.
4. Email or fax this completed form to the fax number or email address listed above.
5. Let us know which you prefer. Check one of the following:

Please do not contact me, I will request information if I feel I need it in the future.

Please send me initial examination information by: (circle one) EMAIL FAX

I would like to collaborate with Dr. Parker on this patient's care.

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

Animal's Name/No: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone No: \_\_\_\_\_

### Patient/Animal Information

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age/Gender: \_\_\_\_\_ Pregnant/Months: \_\_\_\_\_

### Primary Referring Veterinarian Information

Clinic Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Clinic Phone/Fax/Email: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_