



Renold B. Bleem, DC
AVCA & IVCA Certified Animal Chiropractor
314 W Main St
Havana, IL 62644
(P): 309-543-4341 (F): 855-299-0582

Date: _____

Veterinarian: _____

Clinic/Location: _____

Phone: _____ Fax: _____

Email: _____

Dear Doctor:

The following client has chosen chiropractic care for the following animal(s):

Client Name: _____ Patient Name: _____

Species: _____ Breed: _____ Age: _____

Sex: MI MN FI FS Mare Gelding Stud Colt Filly

Please contact us if you would like a follow up report for your records.

Sincerely,

Renold B. Bleem, D.C., C.A.C.

- Dr. Bleem is a licensed chiropractor who has completed 220+ hours of education specifically in animal chiropractic. In addition, Dr. Bleem remains current on all required continuing education in animal chiropractic. Dr. Bleem is dual board certified through the American Veterinary Chiropractic Association (AVCA) and the International Veterinary Chiropractic Association (IVCA).
- Animal chiropractic offers a complimentary method of care and does not replace traditional veterinary medicine. Our animal chiropractic patients are required to be current patients with their veterinarian.
- This document is for your records and is in accordance with Public Act 93-0281. (See amendment to Senate Bill 386)

I acknowledge that my client wants their animal seen by Dr. Renold B. Bleem for chiropractic care. I also understand that if I would like more information on this animal for my records, or about animal chiropractic, I can request it.

Veterinarian's Signature

Date

Email: melanie@bleemchiropractic.com

Fax: 855-299-0582



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Dear Doctor,

You are receiving this form to decide what type of correspondence you would like from Bleem Family Chiropractic Clinic regarding any of your patients seeking animal chiropractic care. This document is for your records and is in accordance with Public Act 93-0281. (See amendment to Senate Bill 386)

Please choose one:

_____ Please provide an authorization/referral for me to sign for **each** animal patient seeking care from Dr. Bleem. I understand that if I would like to change my method of correspondence with Bleem Chiropractic, I can update my preference at any time.

OR

_____ I give permission for dual certified animal chiropractor, Dr. Renold Bleem of Bleem Chiropractic to see all patients from my clinic/hospital who are seeking chiropractic care. I understand that if I want information on a certain patient for my records, I may request that at any time. I further understand that if I would like to change my method of correspondence with Bleem Chiropractic, I can update my preference at any time.

Veterinarian's Printed Name

Veterinarian's Signature

Date