

ANIMAL CHIROPRACTIC
Vibrant Family Chiropractic

Veterinary referral request for chiropractic care
Mackenzie Hoy, D.C., V.S.M.T.

Dear Dr. _____ Date of Request: _____

Your client, identified below, has requested Chiropractic Treatment for their animal(s), also identified below. Minnesota law requires that I obtain a referral from the animal's Primary Veterinarian before providing this Chiropractic Care.

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

- Complete the information below or check it for accuracy.
- Sign the consent form
- Return forms via **email to vibrantfamchiropractic@gmail.com**

Dr.Hoy is certified in Chiropractic Veterinary Spinal Manipulative Therapy by the Healing Oasis Wellness Center in Sturtevant, WI. This program is approved by the American Veterinary Chiropractic Association. She holds Chiropractic License #6613 and Animal Chiropractic Registration #61 with the Minnesota Board of Chiropractic Examiners. If you need additional information, please give her a call at 507-571-2566.

Owner's Name: _____
Address: _____
Phone: Home: _____ Cell: _____
Email: _____

Animal's Name: _____ **Age:** _____
Gender: M / F Spayed/Neutered: Y / N Type: _____
Reason/concern: Musculoskeletal/ Prevention/ Other & explain _____

Animal's Names: _____ **Age:** _____
Gender: M / F Spayed/Neutered: Y / N Type: _____
Reason/concern: Musculoskeletal/ Prevention/ Other & explain _____

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Referring Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone Number: _____

Clinic Email: _____

Signature: _____ **Date:** _____

