

**VETERINARIAN REFERRAL FOR ANIMAL CHIROPRACTIC CARE**

I, \_\_\_\_\_(Owner) hereby request authorization for a Veterinary Referral for the chiropractic care of patient(s):

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

I understand that chiropractic is considered under state law to be an alternate (nonstandard) therapy. Further, I request for the chiropractic services to be provided by Anita Carrere, D.C., Louisiana License #1588, AVCA Certified Animal Chiropractor.

\_\_\_\_\_  
Owner Signature/ Date

I, \_\_\_\_\_(referring Veterinarian) in compliance with Rule 712.0 (Alternative Therapy and Collaborative Treatment) have performed the following tasks:

- Established a valid veterinarian/client/patient relationship;
- Examined the animal(s) to determine that chiropractic will not likely harm the patient;
- Obtained a signed acknowledgment by the patient’s Owner (see above) that chiropractic is considered under state law to be an alternate (nonstandard) therapy and this copy has been placed in the animal(s) file.

Therefore, I hereby authorize Anita Carrere, D.C. to provide chiropractic care as needed for the patient(s) identified above under my supervision.

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
Date

Veterinarian Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Client Information**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_ Receive Text? **Y or N**  
Email: \_\_\_\_\_  
Circle preferred method of contact: **Call or Email**  
Responsible Party for this Account: \_\_\_\_\_  
Driver's License number and state: \_\_\_\_\_  
Where did you hear about us? \_\_\_\_\_

**Animal Information**

1) Animal's Name: \_\_\_\_\_  
Year Born: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered: Yes or No  
Color: \_\_\_\_\_ What is the animal used for? \_\_\_\_\_  
Complaints/Problems with animal: \_\_\_\_\_  
\_\_\_\_\_  
Duration of Problem: \_\_\_\_\_  
Veterinary Problems/Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
Referring Veterinarian's Name & Phone Number: \_\_\_\_\_  
Medications/Supplements: \_\_\_\_\_  
Has this animal been treated with chiropractic before? If so, by who & when? \_\_\_\_\_  
\_\_\_\_\_

2) Animal's Name: \_\_\_\_\_  
Year Born: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered: Yes or No  
Color: \_\_\_\_\_ What is the animal used for? \_\_\_\_\_  
Complaints/Problems with animal: \_\_\_\_\_  
\_\_\_\_\_  
Duration of Problem: \_\_\_\_\_  
Veterinary Problems/Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
Referring Veterinarian's Name & Phone Number: \_\_\_\_\_  
Medications/Supplements: \_\_\_\_\_  
Has this animal been treated with chiropractic before? If so, by who & when? \_\_\_\_\_  
\_\_\_\_\_

## For Animal Owners

**Consent to Chiropractic Care.** Owner understands that Chiropractic treatment is considered an alternative treatment by the Louisiana Board of Veterinary Examiners. Owner consents to allowing Anita Carrere, D.C., #1588, to adjust the animal(s) identified below using accepted Chiropractic techniques. Owner has been informed of any conventional veterinary care that may be used to treat any pathologic condition the animal is suffering from. Chiropractor, Anita Carrere, will use the same care and consideration in the treatment of the animal as would any reasonably prudent veterinarian licensed by the State of Louisiana and shall refer to a veterinarian for any non-musculoskeletal conditions. Owner understands that no guarantees are made as to the outcome of treatment.

**Assumption of Risks.** Owner assumes all risks associated with chiropractic care. Those risks include the risk of injury or death of the animal, the risk that chiropractic may not be an effective treatment, and the risk of personal injuries or destruction of property caused by the animal. Owner has considered those risks, and relying on his/her own judgment has voluntarily agreed to assume those dangers and risks.

**Waiver of Claims.** Owner, individually, and for his/her spouse, heirs, and assigns, hereby waives any claims arising out of or related to the chiropractic care provided for the Owner's animal, that he/she may have, now or in the future, against Anita Carrere, D.C., or her agents, employees, volunteers, or students, including 1) any claims arising from any injuries to persons or property caused by the animal, 2) any claims that may occur while Owner or Owner's animal are on the premises of any facility for the purpose of participating in this activity, 3) any claims arising out of travel or from the ownership, operation, use, maintenance or control of any vehicle, equipment or goods provided or used in connection with this activity, and 4) any claims arising from any negligence or gross negligence of Anita Carrere, D.C., or any of her agents, employees, volunteers, or students arising from or relating to this Event.

**Indemnity.** Owner agrees to hold harmless and indemnify Anita Carrere, D.C., and her agents, employees, volunteers, or students from and against any and all claims, demands or lawsuits for property damage, personal injury or death, including costs of suit and attorney's fees, arising out of or related to chiropractic care for the animal, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY OR DEATH ARE CAUSED BY OWNER'S NEGLIGENCE OR BY THE NEGLIGENCE OF ANITA CARRERE, D.C. OR HER AGENTS EMPLOYEES, VOLUNTEERS, OR STUDENTS.

**Representations of Owner.** Owner represents and warrants 1) that he/she is the owner of the animal identifies below or the caretaker for the animal and is authorized to execute this agreement, 2) that he/she is executing this Agreement of his/her own free will and that he/she is not under any duress or undue influence to execute this waiver, 3) that he/she has carefully read this Agreement, and 4) that he/she is fully and completely informed about and clearly understands the terms of this Agreement.

Description of Animal: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.