



1. The owner of a patient of yours is requesting animal chiropractic services. Please certify that, to your knowledge, the patient is not currently experiencing any contraindications for chiropractic care and has your permission to proceed with care. At a later date if the patient develops symptoms that indicate a contraindication has developed the patient will be referred back to your office.

Owner Name:

Patient Name:

2. Medical conditions and current treatment:

3. Veterinary Clinic Details:

Clinic Name:

Doctor's Name:

Licensed veterinarians please sign below and return this form to Cloudberry Lane Animal Chiropractic via email at info@cloudberrylanechiropractic.com

Signature

Date