



REFERRAL FOR ANIMAL CHIROPRACTIC CARE

I, _____ (owner) hereby request authorization for a Veterinary Referral for the chiropractic care of patient(s):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I understand that chiropractic is considered under state law to be an alternate therapy; to be used concurrently and in conjunction with veterinarian care. Further, I request for the chiropractic services to be provided by Patricia Seebach, Doctor of Chiropractic and certified in Animal Chiropractic.

I request for the Chiropractic services to be provided by Dr. Patricia Seebach D.C., a certified ACCC/AVCA

Owner Signature _____ **Date** _____

I, _____ (consenting Veterinarian) hereby authorize Dr. Patricia Seebach, D.C. cAVCA to provide chiropractic care as needed for the patient(s) above. This consent is in compliance with the laws of Georgia State Board of Veterinary Medicine.

Please check all that apply:

- The Patient(s) above has been seen in my clinic
- The Patient above has been examined in my clinic for the condition(s) of: _____

- Please send me copies of all your chiropractic care paperwork for my files.

Veterinarian's Signature: _____ **Date:** _____

Clinic: _____ **Email:** _____

Address: _____

City: _____

Phone: _____ **Fax:** _____

Dr. Patricia Seebach DC, cAVCA
Certified Animal Chiropractic
678-642-2345

