



VETERINARY REFERRAL REQUEST FOR ANIMAL CHIROPRACTIC (rule 573.14)

I, _____, as Owner / Caretaker, hereby request authorization for Dr. Kayla Richer, DC, an independent contractor, to perform Animal Chiropractic for patient(s):

1. Name, age, breed: _____
2. Name, age, breed: _____
3. Name, age, breed: _____
4. Name, age, breed: _____

AS the Owner / Caretaker I acknowledge that Animal Chiropractic is considered by Texas law to be an alternative therapy.

Phone: _____ Email: _____

Owner / Caretaker Signature: _____ Date: _____

I _____ (Animal's Veterinarian) in compliance with Texas Administrative Code rule 573.14 have:

Established a valid veterinarian/client/patient relationship; and

Examined the animal(s) to determine that Animal Chiropractic will not likely be harmful to the patient; and

Obtained as part of the patient's permanent record a signed acknowledgement by the Owner / Caretaker of the patient that Animal Chiropractic is considered by Texas Law to be an alternative therapy.

Therefore, I hereby authorize Dr. Kayla Richer, DC, an independent contractor, to perform alternative therapies – Animal Chiropractic – for the patient(s) listed above.

Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Veterinarian's Signature: _____ Date: _____

PLEASE NOTE: I must have this form complete with signatures before I can see your animal. Please bring it with you to your first appointment or email it to healthygait@outlook.com

Thank you!

Dr. Kayla Richer, DC

Dr. Kayla Richer, DC, cAVCA | Healthy Gait, PLLC | Pilot Point, TX | (940) 703-5199 | healthygait@outlook.com