



## Sunny Rock Animal Chiropractic, LLC

Dr. Leanne Parker, Doctor of Chiropractic

Certified in Animal Chiropractic by the International Veterinary Chiropractic Association

Call/Text: 636-465-9560 Email: [sunnyrockchiro@gmail.com](mailto:sunnyrockchiro@gmail.com)

### REFERRAL FORM FOR ANIMAL CHIROPRACTIC CARE

CLINIC/HOSPITAL NAME: \_\_\_\_\_

VETERINARIAN NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CLIENT/OWNER NAME(S): \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

SPECIES: \_\_\_\_\_ BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_ AGE/DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

By signing, I certify and understand the following:

Dr. Leanne Parker, DC, is a licensed Doctor of Chiropractic, certified by the International Veterinary Chiropractic Association (IVCA) and graduate of Options for Animals 210 hour Animal chiropractic course. Dr. Parker, DC maintains all licensure requirements and holds liability and malpractice insurance for her services.

Our care does **NOT** include: Diagnosing, dispensing/injecting medication, performing surgery, or providing any traditional veterinary care.

Chiropractic care is not intended to replace traditional veterinary care, but is considered complementary, to be used concurrently and in conjunction with a veterinarian care. If a potential veterinary concern is identified during the course treatment of this patient, I understand that Dr. Parker, DC will refer this patient back to their veterinarian for further examination, diagnosis, and appropriate course of treatment.

I am a licensed Veterinarian in the State of \_\_\_\_\_ and have a current Veterinarian-client- patient relationship with the client/patient listed above. I authorize the above patient to receive chiropractic Sunny Rock Chiropractic and understand that I may request records or more information about chiropractic care at any time.

\_\_\_\_\_  
(DVM Signature)

\_\_\_\_\_  
(Date)

Please return this form to Dr. Parker directly via paper copy with the client at their scheduled appointment, email [sunnyrockchiro@gmail.com](mailto:sunnyrockchiro@gmail.com), or text a clear screenshot to 636-465-9560 Thank you