Bluff View Chiropractic, PLLC
Leah Lombardo, DC, CVSMT

Veterinary Referral Request for Chiropractic Care

Dear Dr. _____: Date of Request:_____
Your client, identified below, has requested that I provide chiropractic care for their animal(s), also identified below. Minnesota law requires that I obtain a referral from the animal's primary veterinarian before providing chiropractic care. Obtaining this referral is the purpose of my communication with you. In order to provide the referral that your client has requested, please:

- Complete the information below the dotted line or check it for accuracy
- If it is already filled in, sign this form, and
- Return it via e-mail at **info@myredwingchiro.com**

I am certified in Veterinary Spinal Manipulative Therapy by The Healing Oasis Wellness Center in Sturtevant, WI (the only animal chiropractic program nationally accredited by the US Dept. of Edu, as well as approved by the American Veterinary Chiropractic Association and the College of Animal Chiropractors). I hold a MN Chiropractic License, No. 4956, and am a board certified Chiropractor. If you need any additional information, please give me a call at **651-388-7511** or email me.

Thank you very much in advance for your referral. I look forward to working with you.

Pet Owner's Name:_____Address:_____

Address where animal is kept (if different):_____

Phone Number: Home:_____ Work:_____ Cell:_____

Email:_____

Animal's Name:1._____2._____3._____

Use corresponding animal's number above to label the following:

Horse_____Dog_____Cat_____Other(specify)_____

Gender: M_____F_____ Neutered/Spayed: YES_____NO_____

Age(s):_____Color(s):_____

Breed(s):_____

Animal's Purpose: (ex/companion, service, working, show)_____

Referring Veterinarian's Name_____

Clinic Name:_____

Clinic Address:_____

Clinic Phone:_____ Fax:_____

Clinic Email:_____ Website:_____

Signature:_____Date:_____