



"WE'VE GOT YOUR BACK"

Family First

CHIROPRACTIC

2600 JAMES ROAD, SUITE 400
GRANBURY, TX 76049
P: 817-326-1465 F: 817-326-1472
INFO@RYANLYNCHDC.COM

Veterinary Referral Request for Chiropractic Care

Ryan W. Lynch, DC

The animal owner identified below has requested chiropractic care. Texas law requires a referral from the animal's veterinarian before treatment; this form requests that referral.

Please:

1. Complete and verify the information below.
2. Sign the form and attach any current imaging reports and images related to injury.
3. Return it by email to info@ryanlynchdc.com or fax to 817-326-1472.

Certification: Dr. Ryan W. Lynch, DC has been certified in Musculoskeletal Manipulation for small and large animals by Parker Chiropractic since 2004. TX Chiropractic License #9808. Questions may be directed to the office at 817-326-1465.

Thank you for your referral. I look forward to working with you and providing chiropractic care for your client.

Pet owner information

Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Animal information

Name: _____ Species: Dog _____ Cat _____ Horse _____

Gender: M _____ F _____ Neutered / Spayed: Yes _____ No _____ Age: _____

Breed: _____ Color: _____

Referring veterinarian information

Name: _____

Clinic name: _____

Clinic address: _____

Phone: _____ Fax: _____

Email: _____

Veterinarian declaration

I, _____ (veterinarian name), in compliance with Rule § 573.14 confirm that:

1. A valid veterinarian/client/patient relationship was established.
2. The animal was examined to determine that chiropractic care is not contraindicated.

Relative contraindications: Please list any relative contraindication, including a surgically repaired spinal segment or extremity that should not be treated with chiropractic care but does not affect care for the rest of the body.

Notes
