



## Agape-TX Chiropractic Patient Referral Form

I am requesting authorization for the following animal(s) to undergo exam and treatment:

Name: \_\_\_\_\_ DOB/breed/color: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB/breed/color: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB/breed/color: \_\_\_\_\_

I am of lawful age, do understand, authorize, consent, and can substantiate the following:

- CREDENTIALS:** Agape-TX Chiropractic is comprised of Doctors of Chiropractic licensed in human care. Employee of Agape-TX Chiropractic have completed postgraduate work in order to become certified by the American Veterinary Chiropractic Association/International Veterinary Chiropractic Association in order to practice animal chiropractic.
- SCOPE:** The employee of Agape-TX Chiropractic is NOT veterinarians and does not intend to replace traditional vet care or take responsibility for my animal's primary healthcare needs. I am seeking chiropractic for my animal(s) as a complementary therapy to be used concurrently with my current veterinary care. Texas Law states: "Animal Chiropractic and other forms of musculoskeletal manipulation are systems of therapeutic application of mechanical forces applied manually through the hands or any mechanical device to diagnose, treat and or alleviate impaired or altered function of related components of the musculoskeletal system of non-human animals. Chiropractic...[is] considered to be [an] alternate therapy[y] in the practice of veterinary medicine." **22 Tex Admin Code §573.14.** Chiropractic does NOT include: dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.
- RECORD SHARING:** I hereby allow Agape-TX Chiropractic and my referring vet to share any and all records so they can better collaborate on my animal's treatment. I allow Agape-TX Chiropractic to share records with any and all members of my animal care team (i.e: trainers, massage therapists, groomers, etc). I hereby also allow use of my pet's health information for research purposes to advance the field of animal chiropractic.
- INFORMED CONSENT:** Agape-TX Chiropractic has explained their scope of practice and the procedures to be performed. They have explained risks and benefits of treatment to my satisfaction. I understand that there is no guarantee to the nature of my animal's condition or the resulting outcomes of treatment. I understand Agape-TX Chiropractic's intent is to do no harm, but I also understand that negative reactions to treatment can occur (such as, but not limited to: fractures, dislocation, disc injury, strain/sprain, worsening of present condition, stroke, or neurologic impairment.) I will indemnify and hold harmless Agape-TX Chiropractic and my referring veterinarian should any negative reactions occur.
- LIABILITY:** Agape-TX Chiropractic has made me aware that they carry their own malpractice and liability insurance. However, I understand that I am solely responsible for any harm caused by my animal to myself or any other animal, person, or property while under Agape-TX Chiropractic's care. This includes any financial obligation that may result due to my animal's behavior.

I (animal owner) hereby authorize Agape-TX Chiropractic to examine and treat my animals(s). I certify my animal has had routine and current veterinary care and that I have been open and honest as to any and all other examinations, diagnoses, and treatments for my animal's condition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Do we have permission to post pictures/video of your animal on social media? \_\_\_Y \_\_\_N

(FOR VETERINARIAN TO COMPLETE)

I \_\_\_\_\_ (PRINT REFERRING VET'S NAME), In

Compliance with **RULE 573.14**, have performed the following:

- Established a valid veterinarian/client/patient relationship.
- Examined the animal(s) to determine that chiropractic treatment is appropriate.
- Obtained a signed acknowledgement by the patient's owner (see above) that chiropractic treatment is considered under state law to be an alternative and nonstandard therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email (required): \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_