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VETERINARY REFERRAL FOR CHIROPRACTIC TREATMENT

My name is Dr. Tanya M. Dobrzanski. I am a licensed Chiropractor and have completed an additional 250hrs of training in Animal Chiropractic through Veterinary Chiropractic Learning Centre. I have successfully completed the Animal Chiropractic Certification Exam and am member in good standing of the College of Animal Chiropractors. I carry additional liability insurance specifically for my Animal Chiropractic Practice through the Canadian Chiropractic Protection Association.

The initial visit includes a complete history and examination, followed by a discussion with the client about the chiropractic treatment options. Treatment will commence only after receiving fully informed consent. I believe in a multidisciplinary approach to care and will refer the client back to you if the findings on exam indicate chiropractic care is not appropriate, or if the condition it does not respond to care. Please feel free to contact me with any questions or concerns or if you would like to discuss this case further.

Referring Dr. Name:

Clinic Name:

Clinic Address:

Clinic Phone:

Clinic Fax:

Owner Name:

Species:

Owner Phone:

Breed:

Patient Name:

Age:

Please review the following, check the appropriate boxes, and return the form to the client or to Dr. Tanya M. Dobrzanski

- ☐ I am referring this patient to receive chiropractic care from Dr. Tanya M. Dobrzanski
Please describe chief complaint to be treated with chiropractic care:

- ☐ I am referring this patient for chiropractic maintenance or preventative care from
Dr. Tanya M. Dobrzanski

- ☐ Other – Please describe: _____

Please list any diagnosed medical conditions and/ or other relevant information:

Veterinarian Name: _____

Veterinarian Signature: _____ Date: _____

Thank you for your referral,
Dr. Tanya M. Dobrzanski BSc, DC, CAC
Chiropractor, Certified Animal Chiropractor
Owner, Turn 2 Chiropractic