



VETERINARIAN REFERRAL

I _____ refer _____ to Dr. Christine Labadie, D.C, IVCA certified animal chiropractor, for chiropractic care. I attest the animal has been examined by me prior to chiropractic referral and all pertinent medical information is included for review. I understand all chiropractic treatment records are available at my request.

Reason for referral

Diagnostic Information – Labs and Imaging

Medical Alerts

Referring Veterinarian Contact Information

DR. _____

Clinic name _____

Clinic Address _____

Clinic Phone # _____ Fax # _____

X _____

Referring Veterinarian Signature

Date