

BURNHAM CHIROPRACTIC

Human • Equine • Small Animal

Date: _____

Patient's Name: _____

Owner's Name: _____

Animal Information

Breed: _____ Age: _____

Sex: _____ Weight: _____

Reason for Referral: _____

Physician Notes (please make us aware of any conditions or concerns for treating the animal named above):

Referring Veterinarian Information

Practice Name: _____

Veterinarian Name: _____

Address: _____

Telephone: _____ Email: _____

By signing below, I _____, DVM authorize Dr. Christopher Burnham to perform chiropractic care for the animal named above. I have established a relationship with the patient sufficient for referral and have determined that spinal manipulative therapy is unlikely to harm the animal. I authorize Dr. Christopher Burnham to provide animal chiropractic care as needed for the animal patient above and acknowledge that this care is being performed under my expressed permission.

Signature: _____ Date: _____