



VALLEY RANCH

PET CLINIC

Integrative Medicine

Referring Veterinarian

Name: _____
Clinic: _____
Phone: _____
Email: _____

Client

Name: _____
Phone: _____
Email: _____

Patient (Pet's Name)

Name: _____
DOB: _____ Sex: _____
Species: _____ Breed: _____

Diagnosis and reason for referral

Prescription:

- Evaluate and treat per therapist discretion
 Please list specific therapies desired:

Special considerations / precautions:

Veterinary referral to Dr Michele Broadhurst DC, CCRP

1. **CREDENTIALS:** Dr Broadhurst is a licensed Doctor of Chiropractic, Certified Canine Rehabilitation Practitioner (CCRP) and certified Animal Chiropractor. Dr Broadhurst has completed postgraduate work in order to become certified by the International Veterinary Chiropractic Association in order to practice animal chiropractic.
2. **SCOPE:** Dr Michele Broadhurst is NOT a veterinarian and does not intend to replace traditional vet care or take responsibility for the animal's primary healthcare needs. The owner is seeking care for their animal(s) as a complementary therapy to be used concurrently with current veterinary care. "Practice of veterinary medicine" means any of the following: The diagnosing, treating, correcting, changing, relieving, or preventing of animal disease, deformity, defect, injury, or other physical or mental conditions, including the prescription or administration of any drug, medicine, biologic, apparatus, application, anesthetic, or other therapeutic or diagnostic substance or technique and the use of any manual or mechanical procedure for artificial insemination, for ova transplantation, for testing for pregnancy, or for correcting sterility or



infertility or to render advice or recommendation with regard thereto; Chiropractic and rehabilitation does NOT include dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.

3. **REFERRAL:** Dr Broadhurst does require a referral for Animal Chiropractic, modalities including laser, extracorporeal shockwave therapy, myofascial therapy, kinesio-taping, exercise therapy, massage, and hydrotherapy.
4. **Texas law (573.14) Alternative Therapies – Chiropractic and Other Forms of Musculoskeletal Manipulation.** May be performed by a licensed veterinarian, a non-veterinarian employee or independent contractor. Animal chiropractic and MSM may be performed under the following conditions: a valid veterinarian / client / patient relationship has been established as defined by the Act, an examination has been made by the licensee to determine that animal chiropractic / MSM will not likely be harmful to the patient, and the licensee obtains as a part of the patients permanent record a signed acknowledgement by the owner or other caretaker of the patient that animal chiropractic is considered by Texas law to be alternative therapy. A non-veterinarian employee or an independent contractor may perform these procedures on an animal under the “direct or general” supervision of the veterinarian.

Owner Name: _____

Animal name: _____

I _____ (print referring veterinarians name), in compliance with the above have performed the following and authorize Dr. Nonnenmacher, Dr. Broadhurst, and Dr. Frank to perform treatments as listed above:

1. Established a valid veterinarian/client/patient relationship.
2. Examined the animal(s) to determine that complementary therapies are appropriate. Please indicate if there is a therapy that should be excluded: _____

3. Agree to forward all recent and relevant medical records, x-rays, and diagnostic testing results prior to the patients scheduled appointment with Valley Ranch Pet Clinic – Integrative Medicine.

Signature: _____ Date: _____

Email (required): _____

Valley Ranch Pet Clinic - Integrative Medicine

<https://www.valleyranchpetclinic.com/integrative-medicine-services/>

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