

VALLEY RANCH INTEGRATIVE VETERINARY CENTER

455 CIMARRON TRAIL, IRVING, TX 75063

Referring Veterinarian

Name: _____

Clinic: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Client

Name: _____

Address: _____

Phone: _____

Email: _____

Patient (Pet's Name)

Name: _____

DOB: _____ Sex: _____

Species: _____ Breed: _____

Diagnosis: _____

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, CSMP, CAC IVCA.

1. **CREENTIALS:** Dr Broadhurst is a licensed Doctor of Chiropractic, Certified Canine Rehabilitation Practitioner (CCRP), Certified Small animal Myofascial Practitioner (CSMP) 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

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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. 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 VRIVC

Signature: _____ Date: _____

Address: _____

Email (required): _____

Phone: _____