Rehab 4 Pets Vet Referral
info@rehab4pets.com
Rehab4pets.com
303 388 6886

1. ***CREDENTIALS***: Rehab 4 Pets is comprised of Doctor of Chiropractic licensed in human care. Employees and/or contractors of Rehab 4 Pets have completed postgraduate work to become certified by the International Veterinary Chiropractic Association to practice animal chiropractic and is certified as a canine rehabilitation practitioner though the University of Tennessee (CCRP).
2. ***SCOPE:*** The employees/contractors of Rehab 4 Pets are NOT veterinarians and they do not intend to replace traditional vet care or take responsibility for my animal's primary healthcare needs. Texas Law states: "Animal Chiropractic and other forms of musculoskeletal manipulation are systems of therapeutic application of mechanical forces applied manually through the hands or any mechanical device to diagnose, treat and or alleviate impaired or altered function of related components of the musculoskeletal system of non-human animals. Chiropractic...is considered to be an alternate therapy in the practice of veterinary medicine." ***22 Tex Admin Code § 573.14.*** Our services do NOT include dispensing/injecting medication, performing surgery, recommending supplements, or providing any traditional veterinary care.
3. ***REFERRAL***: Texas law states: **"**Alternate therapies, including ultrasound diagnosis and therapy, magnetic field therapy, holistic medicine, homeopathy, chiropractic treatment, acupuncture, and laser therapy, are performed only by a veterinarian or under the supervision of a veterinarian" ***Sec. 801. 151*** It is therefore recommended that in states where the practice act permits, a human chiropractor educated in animal chiropractic performs all services with REFERRAL from a licensed veterinarian providing concurrent care.

FOR VETERINARIAN TO COMPLETE

Clients name and cell number:_____

Pets Name:_____

I _____ (vet's name), in compliance with ***Rule 573.14,*** have performed the following:
1. Established a valid veterinarian/client/patient relationship.
2. Examined the animal(s) to determine that the above therapies are appropriate.
3. Obtained a signed acknowledgement by the patient's owner that the above therapies are considered under state law to be an alternative and nonstandard.

Signature: _____ Date: _____
Address: _____
Email: _____Phone: _____

Diagnosis:_____

Precautions or contraindications:_____

Other Medical conditions and
medications:_____
_____