

**REQUEST FOR VETERINARY SPINAL MANIPULATION THERAPY  
EXAMINATION & TREATMENT**

**There is great value in working as a team to give patients the best chance of health and success.** Please either give this form to your primary veterinarian to fill out and return.

Client Name:

Patient Name:

Species:

VeterinaryClinic/Hospital Name:

**PRIMARY CARE VETERINARIAN:**

The above patient is to be seen by Dr. Jessica Herbert DC, CVSMT for VSMT/chiropractic evaluation and treatment. Additionally, VSMT is a complementary method of care and does not replace traditional veterinary medicine. All of Dr. Herbert's patients are required to stay up-to-date with their veterinarian and a copy of Dr. Herbert's notes will be sent to the primary care veterinarian office. **By signing this form you are acknowledging VSMT/chiropractic care to the above named patient, this is NOT an acceptance of liability** per state veterinary statute VE 7.025, VE 1.02 (3m).

Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Notes:

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Dr. Jessica Herbert is a licensed chiropractor in the state of Wisconsin who completed 226 hours of post-graduate education specifically in CVSMT/animal chiropractic, emphasizing functional neurology, muscular and osseous anatomy specific to large and small animals. Additionally, 20 hours of continuing education is required every two years.

Documentation of CVSMT:

[https://d813e71e-d234-4b8b-bfb3-2a3f13e13b2e.filesusr.com/ugd/18ab8d\\_7596303abc0d404d894e9f7769965952.pdf](https://d813e71e-d234-4b8b-bfb3-2a3f13e13b2e.filesusr.com/ugd/18ab8d_7596303abc0d404d894e9f7769965952.pdf)

**Please e-mail a signed copy to [drjess@aspenchirowell.com](mailto:drjess@aspenchirowell.com)  
Thank you!**