

REQUEST FOR VETERINARY CHIROPRACTIC EXAMINATION AND TREATMENT

There is great value in working as a team to give every animal the best chance of health and success. Either give this form to your primary veterinarian to fill out and give back OR call/email Dr. Dredske to obtain the referral for you.

Date: _____ Client Name: _____

Patient Name: _____ Species: Canine Feline Equine Other: _____

Breed: _____

Age: _____ Sex: Male / Neutered Female / Spayed

Clinic/Hospital: _____

Veterinarian: _____

Phone: _____ Fax: _____

PRIMARY VETERINARIAN: The above patient is referred to Dr. Jessica Dredske, DC, CVSMT for a chiropractic evaluation and treatment. I give my consent to Dr. Jessica Dredske to treat the above named animal and to develop a treatment plan appropriate to this animal's needs.

Veterinarian's Signature _____ Date _____

Date of last physical examination: _____

Additional Notes:

Dr. Jessica Dredske is a licensed chiropractor in the state of Wisconsin who completed 226 hours of post-graduate education specifically in animal chiropractic, emphasizing functional neurology, muscular and osseous anatomy specific to large and small animals. Additionally, chiropractic is a complementary method of care and does not replace traditional veterinary medicine. All of Dr. Dredske's patients are required to stay up-to-date with their veterinarian.

Please e-mail a signed copy to drjess@aspenchirowell.com

Thank you!