Stride to Life Chiropractic, LLC

Dear Dr. _____,

I am requesting that Dr. Cassandra Thielen provide chiropractic care for my animal, listed below. Nebraska law requires that she obtain a referral from the animal's Veterinarian before providing this care. In order to provide the referral required, please:

- Review and sign this form
- Indicate the level of communication regarding care you would like to receive from Dr. Thielen
- Return this form to myself or to Dr. Thielen via email at thielen.dc@gmail.com

Dr. Thielen is a Certified Animal Chiropractor, certified by the IVCA (International Veterinary Chiropractic Association), and Licensed Animal Therapist in Nebraska. She holds NE Chiropractic license #2028 and Animal Therapist license #7. If you need additional information, please feel free to contact Dr. Thielen at 402-981-4792.

Owner's name: _____

Phone number: _____

Address: _____

Email Address: _____

Animal's name: _____ Species: _____

Breed: _____ DOB: _____ Gender: _____

Reason for seeking chiropractic care: _____

_____

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Please select one of the following regarding treatment and communication:

- ❏ Please send me a copy of the chiropractic treatment notes for review
- ❏ Please call me as soon as possible to discuss this case. I would like to be involved in decisions concerning chiropractic care.
- ❏ Do not treat this patient with chiropractic care as his/her condition, in my opinion, can only worsen with that type of care.

Please list CURRENT DIAGNOSIS and any special considerations such as contraindications or other health related matters that may influence chiropractic care:

_____

_____

Date of most recent veterinarian exam: _____

Veterinarian: _____

Clinic name: _____

Clinic address: _____

Clinic phone: _____ Email: _____

DVM signature: _____ Date: _____