



Dr. Lesley Hendricks, DC

Certified in Animal Chiropractic by the International Veterinary Chiropractic Association

Veterinary Referral for Animal Chiropractic Treatment

(CLIENT INFORMATION)	(PET INFORMATION) Pet's Name:		
Client Name:			
Phone:	Species:		
Address:	Breed:		
	Age:		
Email:	□ Male □ Neutered		
	🗆 Female 🛛 Spayed		

(FOR THE VETERINARIAN)

1. Please include any medical information that is relevant to the care of this patient (current and past medical conditions, diagnosis, medications, diagnostic tests, etc.):

2. If there are relative contraindications (such as specific spinal segments or extremities that have been surgically repaired) that should not be treated with chiropractic care but do not affect care for the rest of the body, please list it here:

I hereby give permission to Lesley Hendricks, DC, to treat the above-mentioned animal with chiropractic protocols as approved by the International Veterinary Chiropractic Association. I have examined the animal and found no contraindications to chiropractic treatments at this time unless otherwise listed above.

Name and Address of Clinic:			
Veterinarian Name:			
Veterinarian Signature:		Date:	
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