

Dr. Karen M. Hannah, DC, CAVCA  
 Office: (309) 321 - 8412 | Cell: (309) 360 - 2286 | Fax: (309) 321 - 8340  
 www.touchofwellness.biz  
 drkaren@touchofwellness.biz

## Veterinarian Referral Request for Animal Chiropractic Care

### REFERRAL GUIDELINES

1. The owner listed below has requested a referral and authorization for Dr. Karen M. Hannah, DC, CAVCA, an American Veterinary Chiropractic Association Certified Animal Chiropractor, to provide his/her animal listed below with Chiropractic care.
2. Although Chiropractic treatment is considered an alternative therapy in Veterinary medicine, the owner approves and wishes to use this form of treatment on his/her animal. The owner has also been informed of the conventional treatments available and their probable outcomes.
3. The owner understands that no guarantees can be made for the outcome of the Chiropractic treatment. Chiropractic care does not cure disease or disorders.
4. Illinois state law requires licensed Chiropractors to obtain a written referral from the animal's primary Veterinarian prior to providing Chiropractic care. A referral from a Veterinarian implies and confirms a valid Veterinarian/Patient/Owner relationship. An adjustment will NOT be performed under any circumstance without first receiving this referral form.
5. The referring Veterinarian has acknowledged that an examination has been performed to determine that Chiropractic will not likely be harmful to the patient. Under this agreement, the referring Veterinarian maintains responsibility for the care of the animal.
6. Appropriate records will be kept and maintained for each adjustment. This signed referral request by the owner and the referring Veterinarian will also be part of the animal's permanent record.
7. Dr. Karen Hannah is licensed in the state of Illinois as a Doctor of Chiropractic with license number 038.011779 and Animal Chiropractic certificate number 1252. Dr. Hannah is NOT a licensed Veterinarian and does not prescribe medications, perform surgery, or diagnose Veterinary disease in animals.

### ADJUSTMENT LOCATIONS

1. **Small animals** will be adjusted in one of 2 Veterinary clinics. **Please call the desired Veterinary office to schedule your SMALL ANIMAL appointment.**

*SmartVet Mobile Veterinary Service*  
 1537 Fort Jesse Rd  
 Normal, IL 61761  
**(309) 830 - 6454**

*Hoerr Veterinary Service*  
 26424 Harding Rd  
 Morton, IL 61550  
**(309) 266 - 8444**

2. **Large animals** will be adjusted at your facility only. Trip fees will apply if you are more than 30 miles from Morton, IL. **Please call or text Dr. Hannah at (309) 360 - 2286 to schedule your LARGE ANIMAL appointment.**

### OWNER INFORMATION

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By signing below, I agree that I am the animal's legal owner and understand that Chiropractic care is considered under state law to be an alternate therapy. Furthermore, I request and agree for Chiropractic services to be provided by Dr. Karen M. Hannah, DC, CAVCA for my animal listed below.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Veterinarian Referral Request for Animal Chiropractic Care

### PATIENT INFORMATION

Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Color: \_\_\_\_\_  
Gender & Spayed/Neutered: \_\_\_\_\_ Weight: \_\_\_\_\_

### PRIMARY REFERRING VETERINARIAN INFORMATION

Vet's Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
Clinic Phone: \_\_\_\_\_ Clinic Address: \_\_\_\_\_  
Clinic E-mail: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

After examining the above patient and determining that Chiropractic care is appropriate, I hereby authorize, Dr. Karen M. Hannah, DC, CAVCA to provide Chiropractic care as needed to the patient listed above.

Referring Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_