



I, _____, recommend/refer animal chiropractic care to be performed by Springwell Animal Chiropractic Center through the year of 2025 on _____. This pet's owner is _____, the pet referred for Chiropractic treatment is _____.

This referral is to include the adjustment and manipulation of spinal and extraspinal segments of the animal via the discretion of the chiropractor, and nothing more.

The chiropractors authorized to treat under this referral are Lori Mace D.C., M.S. and Mitchell Penninger D.C., cAVCA.

Printed Veterinarian's name: _____

Date: _____

Practice Name: _____

Phone: _____

Veterinarian's signature: _____