

# Motion Wellness Animal Chiropractic-Dr. Keith Billstein

**Fax # 888-392-5901** Cell# 763-213-5068

103 S Rum River Dr., Princeton, MN 55371 & 3722 7<sup>th</sup> Ave, Anoka MN 55303

## VETERINARY REFERRAL REQUEST FOR CHIROPRACTIC CARE

Dear Dr. \_\_\_\_\_(Veterinarian)

Your client, listed below, has requested that I provide chiropractic care for their animal, also listed below. Minnesota law requires that I obtain a referral from the animal's Veterinarian before providing this care.

### To complete the requested referral process, please:

- Review and sign this form
- Return this form to **Motion Wellness Animal Chiropractic** via:
  - \*E-mail at: **Vetreferral@motionwellnessmn.com**
  - \*Fax at: **888-392-5901**

**I am a Certified Animal Chiropractor, certified by the AVCA (American Veterinary Chiropractic Association), my certification number is 1095.** I hold a MN Chiropractic license: # 1983 and Animal Chiropractic Registration # AC 033 with the Minnesota Board of Chiropractic Examiners. If you need additional information, please feel free to contact me at (763) 213-5068. **Thank you in advance!**

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

Owner's E-mail address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Type of Animal: Horse \_\_\_ Dog \_\_\_ Cat \_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Reason for Seeking Chiropractic Care: \_\_\_\_\_

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

VETERINARIAN: \_\_\_\_\_

CLINIC NAME: \_\_\_\_\_ Email address: \_\_\_\_\_

CLINIC ADDRESS: \_\_\_\_\_

CLINIC PHONE #: \_\_\_\_\_ CLINIC FAX: \_\_\_\_\_

DVM SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_