

Referral For Animal Chiropractic Care

l, (please print full name)	_ am licensed in Kansas/Missouri and have a working
doctor-patient relationship with	(please print patient name)
who belongs to(please print cl	and believe it would be beneficial lients name)
for this patient to receive chiropractic care.	
I understand Dr. Alissa Gould, D.C. cIVCA is a licensed Doctor of Chiropractic, certified in Animal Chiropractic Care. Dr. Gould make no veterinary diagnoses. If a potential veterinary issue is identified during her care of this patient, she will refer back to me for further examination and appropriate care.	
(doctor's signature)	(today's date)
Name of clinic:	
Email:	
Phone Number:	

Please return this form to allspinechiroandwellness@gmail.com or text or screenshot to 913-914-7090