



**Request for Veterinarian Authorization Form:
General Supervision for Alternate Therapies
Email COMPLETED form to: admin@neuroworkswellness.com
BEFORE the initial appointment.**

To my Veterinarian,
I would like to have Hailey Arnold, DC, cAVCA care for my animal[s]. I am requesting your veterinary authorization for Hailey Arnold, DC, cAVCA, an independent contractor, to perform alternate therapies - animal chiropractic and other forms of musculoskeletal manipulation [MSM] - for the following animals:

[1] Animal's Name: _____ Animal Type: _____

[2] Animal's Name: _____ Animal Type: _____

[3] Animal's Name: _____ Animal Type: _____

[4] Animal's Name: _____ Animal Type: _____

I authorize, by my signature below, Hailey Arnold, DC, cAVCA to perform alternate therapies for the animals listed above, and further, certify that I am the owner/handler/caretaker for the above animals.

Client Name: _____ Ph. Number: _____

Client Signature: _____ Date: _____

Veterinarian: Please complete and email to admin@neuroworkswellness.com

My name and signature below, as a Doctor of Veterinary Medicine, in compliance with Texas Administrative Code Rule 573.14, indicates I have: established a valid veterinarian/client/patient[s] relationship; examined the animal[s] to determine that animal chiropractic/MSM will not likely be harmful; and obtained as part of the patient's permanent record a signed acknowledgement by the owner or other caretaker [above] of the patient that animal chiropractic/MSM is considered by Texas law to be an alternative therapy. Therefore, I authorize by my signature below, Hailey Arnold, DC, cAVCA, an independent contractor, to perform alternate therapies - animal chiropractic and other forms of musculoskeletal manipulation - for the animals listed above.

Clinic Name: _____ Ph. Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DVM Name: _____ E-mail: _____

DVM Signature: _____ Date: _____