



**Dr. Teresa K. Melton**  
**Whole Family Care for People & Pets**

Animal Chiropractic  
Phone: 815-739-4867 Fax: 815-895-2329  
[www.allergiesachesandpains.com](http://www.allergiesachesandpains.com)

**VETERINARY REFERRAL REQUEST FOR CHIROPRACTIC CARE**

*Services available with concurrent veterinary care and/or referral*

**Referral Guidelines**

1. Your client listed below has requested that Dr. Teresa K. Melton provide their animal listed below with Chiropractic care.
2. Illinois state law requires licensed Chiropractors to obtain a referral from an animal's primary Veterinarian prior to providing Chiropractic care. Dr. Melton is NOT a licensed Veterinarian and, therefore, understands that Chiropractic care is an adjunct to traditional Veterinary care.
3. Dr. Melton is a licensed Chiropractor and Acupuncturist in Illinois for human care and trained and graduated from Health Pioneers Institute for Animal Chiropractic.
4. **Please complete this form as the referring Veterinarian and fax to (815) 895-2329.**

**Client Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Patient/Animal Information**

Animal's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Species: \_\_\_\_\_ **Horse** \_\_\_\_\_ Gelding \_\_\_\_\_ Mare \_\_\_\_\_ Stud  
\_\_\_\_\_ **Dog** \_\_\_\_\_ Spay \_\_\_\_\_ Neuter \_\_\_\_\_ Intact  
\_\_\_\_\_ **Cat** \_\_\_\_\_ Spay \_\_\_\_\_ Neuter \_\_\_\_\_ Intact  
\_\_\_\_\_ **Other** \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Markings: \_\_\_\_\_

**Primary Referring Veterinarian Information**

Veterinarian: \_\_\_\_\_ Vet Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Veterinary Practice Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Vet Phone: \_\_\_\_\_ Vet Fax: \_\_\_\_\_

*I look forward to working with you for the betterment of the animal's health. Thank you for your time.*