



Gaining Wellness
...Bringing Health to You & Your Pets

Referral for Animal Chiropractic

Date: _____

Animal's Name: _____

Description of Animal: EQUINE / CANINE / FELINE / OTHER: _____

Owner's Name: _____

I, _____, DVM authorize Judith Shae Gainer, DC, certified by
(Printed Name of Referring Veterinarian)

Animal Chiropractic Education Source in Animal Chiropractic, to provide animal chiropractic care as needed for the animal listed above.

Practice Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Email: _____

Veterinarian's Signature: _____

Please return to: Judith Shae Gainer, DC

Email: contact@gainingwellness.com

Phone: (386) 453-0631