



Palmetto Chiropractic

Raquel M. Heisse, DC

Certified in Animal Chiropractic by the International Veterinary Chiropractic Association

Veterinarian: _____

Clinic/Location: _____

Email: _____

Phone: _____ Fax: _____

Dear Doctor,

The following client has chosen chiropractic care for the following animal:

Client Name: _____ Patient Name: _____

Species: _____ Breed: _____ Age: _____ Color: _____

Sex: ___ MI ___ MN ___ FI ___ FS ___ Mare ___ Stallion ___ Gelding

Please check here if you would like a follow up report of Dr. Heisse's assessment and treatment for your records:

Sincerely,

Raquel M. Heisse, DC

- a) Dr. Heisse holds a current FL License (CH 13368) and has completed 230+ hours of post graduate education specific to Animal Chiropractic. She has been certified by the International Veterinary Chiropractic Association (#1662) in order to practice animal musculoskeletal manipulation (MSM) and remains current on all required continuing education in animal chiropractic.
- b) Animal chiropractic offers a complimentary method of care and does not replace traditional veterinary medicine. Our animal chiropractic patients are required to be current patients with their veterinarian.
- c) This document is for both parties' records and is in accordance with **Florida Rule 61G18-19.002**
- d) Dr. Heisse will obtain a signed acknowledgement by the patients' owner that chiropractic is considered under state law to be an alternative & nonstandard therapy.
- e) I acknowledge that my client wants their animal seen by Dr. Raquel M. Heisse for chiropractic care. I also understand that if I would like more information on this animal for my records, or about animal chiropractic, I can request it.

Veterinarian's Signature: _____ Date: _____

8390 Greystone Dr • Lakeland, FL 33810 • 636-439-0147

Email: raquel.heisse@yahoo.com



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Dear Doctor,

You are receiving this form to decide what type of correspondence you would like from Palmetto Chiropractic Center regarding any of your patients' owners seeking animal chiropractic care. This document is for your records and is in accordance with **Florida Rule 61G18-19.002**.

Please choose one:

Please provide an authorization/referral for me to sign for each animal patient seeking care from Dr. Heisse. I understand that if I would like to change my method of correspondence with Palmetto Chiropractic, I can update my preference at any time.

OR

I give permission for IVCA certified animal chiropractor, Dr. Raquel Heisse of Palmetto Chiropractic to see all patients from my clinic/hospital who are seeking chiropractic care. I understand that if I want information on a certain patient for my records, I may request them at any time. I further understand that if I would like to change my method of correspondence with Palmetto Chiropractic, I can update my preference at any time.

Veterinarian's Printed Name: _____

Veterinarian's Signature: _____ Date: _____