



**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 Dr. Hailey Arnold, DC care for my animal[s]. I am requesting your veterinary authorization for Dr. Hailey Arnold, DC, 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, Dr. Hailey Arnold, DC 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, Dr. Hailey Arnold, DC, 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: _____