

# CENTERED IN MOTION

Chiropractic & Movement Rehabilitation

Claudia Holderegger, DC  
AVCA Certified Animal Chiropractor

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## Veterinary Referral for Animal Chiropractic Treatment

Name of the Animal: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Birth Year: \_\_\_\_\_

Sex:  M  F  MN  FS

Owner's Name: \_\_\_\_\_

Date of last exam: \_\_\_\_\_

Diagnosis (definitive or working): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
*I hereby give permission to Dr. Claudia Holderegger, DC, to treat the above mentioned animal with chiropractic protocols as approved by the American Veterinary Chiropractic Association. I have examined the animal and find no contraindications to chiropractic manipulation at this time.*

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed form via fax to our office. Thank you!

Fax: 503.517.0534 Phone: 503.517.0916