



**Synchrony Chiropractic**  
Keeping you and your team in sync

## Animal Chiropractic Care

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

Patient's Name: \_\_\_\_\_

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

Description of Patient: \_\_\_\_\_

I, \_\_\_\_\_, DVM (referring veterinarian) have performed the following tasks:

- Established a valid veterinarian/client/patient relationship
- Examined the animal(s) to determine that spinal manipulative therapy will likely not harm the patient

Therefore I hereby authorize Angela Boyazis-Rodger DC, certified by the American Veterinary Chiropractic Association, or Dr. Philip Rodger, certified by the International Veterinary Chiropractic Association, and Options For Animals in Animal Chiropractic, to provide animal chiropractic care as needed for the patient mentioned above.

### Referring Veterinarian Information:

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Please return to **Synchrony Chiropractic**

Email: [hello@synchronychiro.com](mailto:hello@synchronychiro.com)

Fax: (904) 821-7100

Phone: (352) 356-8665

We look forward to working with you for full 360 degree care of all furry family members.