



Animal Connections Integrative Care, P.A.

Kyla Awes, DC ~ Bodyworker & Certified in Animal Chiropractic
DrKyla@animalcic.com ~ Ph: (952) 201-3478 ~ Fax (952) 679-2911
10950 County Road 20, Delano, MN 55328



Dear Dr. _____

Your client, listed below, has requested that I, Kyla Awes, DC, provide bodywork services for the horse that is listed below. I incorporate several techniques during a bodywork session depending on the specific case. These techniques may include but are not limited to myofascial release, chiropractic adjustments, trigger point therapy, guided release techniques, stretching, mobilizations, traction and cross fiber friction. While Minnesota law does not require a veterinary referral prior to providing most bodywork services such as massage therapy, Minnesota law does require that I obtain a veterinary referral before providing chiropractic care for an animal.

In order to provide the referral that your client has requested, please:

- review and sign this form
- indicate the level of communication regarding care that you would like to receive ·
- return this form via fax at (952) 679-2911 or email to DrKyla@animalcic.com.

I am certified in Animal Chiropractic by the American Chiropractic Association (AVCA) and International Veterinary Chiropractic Association (IVCA). I hold MN Chiropractic License #4813 and Animal Chiropractic Registration #005 with the MN Board of Chiropractic Examiners. If you need additional information, please feel free to call me at (952) 201-3478.

Animal Owner's Name: _____ **Appt Date:** _____

Animal's Name: _____ **Species:** _____

Breed: _____ **Gender:** _____

PLEASE CHECK ONE OF THE FOLLOWING:

- Please send me a copy of your chiropractic treatment notes for review.
- Please call me as soon as possible to discuss this case. I would like to be involved in decisions concerning care.
- It is not required to send any additional information to me, only consult me if traditional veterinary care is needed or an emergency arises.
- Do not treat this patient with chiropractic care, as his/her condition, in my opinion, can only worsen with that type of care.

PLEASE LIST ANY SPECIAL CONSIDERATIONS SUCH AS CONTRAINDICATIONS OR OTHER HEALTH RELATED MATTERS THAT MAY INFLUENCE CHIROPRACTIC CARE:

Veterinarian Signature: _____

Print Name: _____ **Date:** _____

Practice Name: _____ **Phone #:** _____

Address: _____