Dr. Katie S. King, D.C.

Certified Veterinary Chiropractor

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P.O. Box 361, Orland Park , IL 60462

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Please print and bring this referral form with you at the time of your appointment

Pet's Name: _____

Pet's Breed: _____ Age: _____ Sex: ☐ M ☐ F

Approximate Weight: _____ Canine: ☐ Feline: ☐ Other: _____

Client Information

Last Name: _____ First Name: _____

Telephone Number: (____) _____ Cellular Number: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Referring DVM / Practice Information

Clinic Name: _____

Clinic Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Referring DVM: _____

Referring DVM Signature: _____

Primary Veterinary Diagnosis: _____

Prognosis Offered: _____

Current Preferred Treatment: **Chiropractic**

Treatment to Date: _____

_____

_____

Medications: _____

_____

_____

The following are enclosed:

☐ Radiographs ☐ Radiographic Report (s) ☐ Laboratory Results

☐ Advanced Imaging ☐ Advanced Imaging Report (s)

*** Clients MUST provide evidence of current rabies vaccination ***

Rabies vaccination date: _____