

Lake Region Small Animal Center

Dr. Danielle Renstrom, DVM (IVCA Certified)
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Veterinarian Referral Request for Chiropractic Care

This form is intended for the primary veterinarian to fill out and send to Lake Region Small Animal Center if they wish to have their patient seen by Dr. Danielle Renstrom for chiropractic care. This document is either being sought out by you, the referring vet, or is being sent to you if your client has reached out to Lake Region Small Animal for chiropractic care. Minnesota law requires a referral from the animal's veterinarian prior to treatment. **Please review and sign the following referral:**

Client Name: _____ Patient Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Alternate phone: _____
Species (circle): CANINE FELINE Breed: _____ Age: _____

Symptoms/concerns prompting the request for chiropractic treatment: _____

Consent

Please indicate the level of communication you would like to receive from Dr. Danielle Renstrom, DVM regarding the care of this patient by checking the circle below.

- Please send copies of all of your Chiropractic care for my files.
 - Email: _____ OR Fax: _____
- I would like to be contacted on an annual basis for updates on the patient.
- DO NOT TREAT this patient with Chiropractic Care, as his/her condition will worsen with that type of care.
- I have not examined this animal in the past 12 months. No valid VCPR.

All pertinent information pertaining to this patient's condition should be sent to one of the following:

Fax: 218-685-4428
Email: lakeregionsmallanimal@hotmail.com
Mail: 1210 Highway 79 E, Elbow Lake, MN 56531

Referring Veterinary Clinic: _____
Referring Veterinarian Name (printed): _____
Referring Veterinarian Signature: _____ Date: _____