



Dr. Bailey Wetzell, DC
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815-718-0366

****In order to evaluate an animal, we must have veterinary referral from a licensed Illinois Veterinarian.***

Dear Doctor,

My client, _____ is requesting authorization for a veterinarian referral for chiropractic care for their animal(s):

My client requests that chiropractic services be provided by Dr. Bailey Wetzell, D.C. at Country Roads Chiropractic, PLLC. They have been provided with the risk and benefits associated with animal chiropractic and understands that his/her/their referring veterinarian will not be held liable should any negative reactions to chiropractic care occur. They also understand that employees of Country Roads Chiropractic, PLLC are **NOT VETERINARIANS**, and they do not intend to replace traditional veterinary care or take the responsibility for his/her/their animal's primary health needs.

I, _____ (referring veterinarian), hereby authorize Dr. Bailey Wetzell, D.C. to provide chiropractic care for the patient(s) identified above. This referral is in compliance with the laws of the Illinois Board of Veterinarian Medicine.

Please check all that apply:

- ☐ This patient has been seen in my clinic and I am comfortable referring for chiropractic care.
- ☐ Please send copies of SOAP Notes via email.
- ☐ Please do not send me any additional information or SOAP notes. Only consult me if a traditional veterinarian condition and/or emergency occurs.
- ☐ I would like to learn more about animal chiropractic and am open to Dr. Bailey dropping off resources and/or pamphlets at my office.

Veterinarian name and clinic:

_____;

Feel Free to write/type pertinent information about this animal below: