



Bonnie Harder, D.C.

Certified by the Healing Oasis and Wellness Center of WI and International
College of Animal Chiropractors
Servicing Northern Illinois
815-757-0425

www.HolisticBalanceAnimalChiro.com

Request for Consultation and Participation from Primary Veterinarian for Chiropractic Referral

Date: _____

Name of Referring Veterinarian: _____

Name of Clinic/Hospital: _____

Address: _____

Phone: _____ Fax/Email: _____

As primary veterinarian, the patient listed below has been seen, examined, and/or treated by myself for the following condition(s):

Client Name: _____ Client Phone #: _____

Patient Name: _____ Type (horse/dog/cat): _____

Breed: _____ Age: _____

At this time I deem it appropriate to refer this patient to Bonnie Harder, D.C. (chiropractor) for secondary care. Please return this signed form. If possible, please send any information pertaining to the patient's condition(s) and health history, including but not limited to, previous diagnostic tests, diagnoses, treatment, and prognoses may be forwarded to Bonnie Harder, D.C. by:

Fax 815-516-0473 Email drbonniedc@hbac4all.com Mail 16547 E McNeal Rd, Monroe Center, IL 61052

Signed by Veterinarian: _____ Date: _____

Please let me know what kind of future communication you would like regarding the chiropractic care of this patient. If you have any questions regarding the chiropractic care that is being rendered, please feel free to contact me by cell phone, email, or mail. Thank you.