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ELITE ANIMAL CHIROPRACTIC
TEXAS ANIMAL WELLNESS CENTER

AVCA

Veterinarian Authorization Form

General Supervision for Alternate Therapies
(Texas Rule §573.14)

To my Veterinarian,

I would like to have DocRylan care for my animal(s). I am requesting your authorization for Rylan C. Holub/DocRylan, an independent contractor, to perform alternate therapies- animal chiropractic and other forms of musculoskeletal manipulation (MSM)- for the following animals:

(1) Animal's Name: _____ ☐ Equine ☐Canine ☐Bovine ☐ _____
Diagnosis: _____
Region(s) to be Treated: ☐Whole Body ☐ Specific Region(s):_____

(2) Animal's Name: _____ ☐ Equine ☐Canine ☐Bovine ☐ _____
Diagnosis: _____
Region(s) to be Treated: ☐Whole Body ☐Specific Region(s): _____

(3) Animal's Name: _____ ☐ Equine ☐Canine ☐Bovine ☐ _____
Diagnosis: _____
Region(s) to be Treated: ☐Whole Body ☐Specific Region(s): _____

(4) Animal's Name: _____ ☐ Equine ☐Canine ☐Bovine ☐ _____
Diagnosis: _____
Region(s) to be Treated: ☐Whole Body ☐Specific Region(s): _____

I authorize, by my signature below, Rylan C. Holub/DocRylan to perform alternate therapies for the animals listed above, and further, certify that I am the owner/handler/caretaker for the above animals.

Client Name: _____ Telephone: _____

Client Signature: _____ Date: _____

Veterinarian: Please complete and email.

My name and signature below, as a Doctor of Veterinary Medicine, in compliance with Texas Administrative Code Rule §573.14, indicates I have: established a valid veterinarian/client/patient(s) relationship; examined the animal(s) to determine that animal chiropractic/MSM will not likely be harmful; and obtained as part of the patient's permanent record a signed acknowledgement by the owner or other caretaker (above) of the patient that animal chiropractic/MSM is considered by Texas law to be an alternate therapy. Therefore, I authorize, by my signature below, Rylan C. Holub, an independent contractor, to perform alternate therapies - animal chiropractic and other forms of musculoskeletal manipulation - for the animals listed above.

Clinic: _____

Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Telephone: _____

DVM Name: _____**, DVM**

DVM Signature: _____ **Date:** _____

Please email this signed and completed form to:
eliteanimalchirotx@gmail.com - Thank you!