

Elite Animal Chiropractic

DocRylan- Rylan C. Holub, AVCA TEL (281) 702-1304 eliteanimalchirotx@gmail.com



Veterinarian Authorization Form

General Supervision for Alternate Therapies (Texas Rule §573.14)

To my Veterinarian,

Holub/DocRylan, an independent of	are for my animal(s). I am requesting your authorization for Rylan C. contractor, to perform alternate therapies- animal chiropractic and other keletal manipulation (MSM)- for the following animals:
(1) Animal's Name:	Equine Canine Feline
(2) Animal's Name:	Equine
(3) Animal's Name:	Equine
(4) Animal's Name:	Equine Canine Feline
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:	
City:	State:Zip:
Email:	Telephone:

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

DVM Signature: _____ Date: _____