



Texas Animal Wellness Center

Wellness For ALL Walks of Life!™

DOCJACKIE.com

TEL 713-627-WELL (9355)

docjackied@aol.com

Request for

Veterinarian Authorization

General Supervision for Alternate Therapies

To my Veterinarian,

I would like to have DocJackie care for my animal(s). I am requesting your veterinary authorization for **Jacqueline A. Doval / DocJackie**, 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 Feline _____

(2) Animal's Name: _____ Equine Canine Feline _____

(3) Animal's Name: _____ Equine Canine Feline _____

(4) Animal's Name: _____ Equine Canine Feline _____

I authorize, by my signature below, Jacqueline A. Doval/DocJackie 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, Jacqueline A. Doval, 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 :** _____