



GENERAL SUPERVISION REQUEST FOR ANIMAL CHIROPRACTIC (rule 573.14)

I, \_\_\_\_\_, as Owner / Caretaker, hereby request authorization for Cara Hall, DC at Kairos Chiropractic, to perform Animal Chiropractic for patient(s):

1. Name: \_\_\_\_\_ canine / equine / feline (please circle applicable)
2. Name: \_\_\_\_\_ canine / equine / feline (please circle applicable)
3. Name: \_\_\_\_\_ canine / equine / feline (please circle applicable)
4. Name: \_\_\_\_\_ canine / equine / feline (please circle applicable)

As the Owner / Caretaker I acknowledge that Animal Chiropractic is considered by Texas law to be an alternative therapy.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner / Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ (Supervising Veterinarian) in compliance with Texas Administrative Code rule 573.14 have:

Established a valid veterinarian/client/patient relationship; and

Examined the animal(s) to determine that Animal Chiropractic will not likely be harmful to the patient; and

Obtained as part of the patient's permanent record a signed acknowledgement by the Owner / Caretaker of the patient that Animal Chiropractic is considered by Texas Law to be an alternative therapy.

Therefore, I hereby authorize Cara Hall, DC at Kairos Chiropractic, to perform alternative therapies – Animal Chiropractic – for the patient(s) listed above.

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** I must have this form complete with signatures before I can see your animal. Please bring it with you to your first appointment or email it to [coppellkairos@gmail.com](mailto:coppellkairos@gmail.com).

Thank you! Cara Hall, DC

Cara Hall, DC is an Animal Chiropractor certified by the American Veterinary Chiropractic Association.