



Dr. Leah Van Blarcom DC  
AVCA Certified Animal Chiropractor  
201-983-8862 Fax: 201-445-2950

**FOR DOGS AND CATS FAX TO:**  
**BERGEN COUNTY VETERINARY CENTER**

**FAX: 201-447-1260**

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**VETERINARY REFERRAL FORM FOR CHIROPRACTIC CARE**

Client's Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Animal's Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_  
Sex: M N Fe Sp Age: \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_ Diet \_\_\_\_\_  
Presenting Problem: \_\_\_\_\_

After examining the above animal patient and in accordance with the New Jersey veterinary medical examiners rules of professional conduct,

1) A licensed Veterinarian; Chiropractic and MSM may be performed by a licensed veterinarian under the following conditions:

(A) Valid veterinarian/client/patient relationship has been established in the Act. \_\_\_\_\_

(B) An examination has been made by the licensee to determine that chiropractic/MSM will not likely be harmful to the patients \_\_\_\_\_

(C) The licensee obtains as a part of the patient's permanent record, a signed acknowledgement by the owner or other caretaker of the patient that chiropractic and MSM is considered by New Jersey/New York law to be an alternate (nonstandard) therapy. \_\_\_\_\_

2) A licensee's employee or independent contractor. An employee or independent contractor may perform these procedures on an animal under the general supervision of the licensee if the conditions above have been met.

I refer this patient to Leah Van Blarcom DC (the independent contractor) for concurrent and follow up chiropractic care, with the understanding that **the independent contractor will in NO way do anything that is construed as the practice of Veterinary Medicine**, will refrain from doing anything deleterious to this animal patient, will notify me immediately if there is any indication of negative reactions or if they observe anything which would be considered by a normal person to be unusual or that might lead to further problems with the animal's health. Failure to abide by this referral agreement will result in termination of this referral and absolve the referring veterinarian from any liability associated with the actions of the independent contractor. The independent contractor also agrees to make regular progress reports to the referring veterinarian to become part of the patient's permanent record.

Referring Veterinarian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Veterinarian License # \_\_\_\_\_

Independent Contractor: Leah Van Blarcom DC License #: NJ 38MC0069600 NY # 70012068

Signature: Dr. Leah Van Blarcom

***Dr. Leah Van Blarcom carries animal chiropractic liability insurance and a copy is available upon request***