

Cheryl A. Tarateta, DC
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Owner's Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Animal Name: _____

Practice Name: _____
Veterinarian's Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

The person listed above has requested chiropractic** treatment for their animal. All animals must receive concurrent care from a veterinarian and the veterinarian needs to approve chiropractic before the animal can be seen. Please check the appropriate boxes listed below. Thank you.

I hereby authorize:

Chiropractic

I do not authorize:

Chiropractic

Notes/Comments on animal:

Signature _____ **Date** _____

Printed Name _____

** Dr. Cheryl Tarateta is certified in animal chiropractic by the International Veterinary Chiropractic Association (IVCA)