



Date: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_  
Clinic/Hospital: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Dear Doctor,  
The following client has chosen chiropractic care for the following animal(s):

Client Name: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_M (Intact) \_\_\_MN \_\_\_F (Intact) \_\_\_FS  
      \_\_\_Mare \_\_\_Gelding \_\_\_Stud \_\_\_Colt \_\_\_Filly

Sincerely,  
Lauren Koopman, D.C.

- Dr. Lauren Koopman is a licensed chiropractor who completed 220+ hrs of education specifically in animal chiropractic. This doctor exclusively treats animals full time.
- Animal chiropractic does not replace traditional veterinary, but offers a complementary method of care. All of our animal chiropractic patients are required to stay up to date with their veterinarian.
- This document is for your records and in accordance with Public Act 93-0281. (See amendment to Senate Bill 386)

I acknowledge that my client wants their animal seen by Dr. Lauren Koopman for chiropractic care. I also understand that if I would like more information on this animal for my records, I can request it.

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Veterinarian's Signature

Date

\* Please sign and return via email at [Imprintedanimalchiro@gmail.com](mailto:Imprintedanimalchiro@gmail.com). Thank you!\*

\*\*For any questions, please call (630) 797 – 0258\*\*