



GENERAL SUPERVISION REQUEST FOR ANIMAL CHIROPRACTIC (rule 573.14)

I, _____, as **Owner / Caretaker**, hereby request authorization for Angelo Marinakis, an independent contractor, 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 Angelo Marinakis, an independent contractor, 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 drangelo@activelifechirotx.com

Thank you! Angelo Marinakis

Angelo Marinakis is an Animal Chiropractor certified by the American Veterinary Chiropractic Association.