

Veterinarian Authorization Form
General Supervision for Alternate Therapies
(Texas Rule §573.14)



Texas Animal Wellness Center

Jacqueline A. Doval, MS

Wellness For ALL Walks of Life!™

DocJackie.com

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To my Veterinarian,

I would like to have DocJackie care for my animal(s). I am requesting your veterinary authorization for Jacqueline A. Doval/DocJackie, an independent contractor, to perform alternate therapies - animal chiropractic and other forms of musculoskeletal manipulation (MSM) - for the following animals:

(1) Name: _____ Equine Canine Feline _____

(2) Name: _____ Equine Canine Feline _____

(3) Name: _____ Equine Canine Feline _____

(4) Name: _____ Equine Canine Feline _____

I authorize, by my signature below, Jacqueline A. Doval/DocJackie to perform alternate therapies for the animals listed above, and further certify that I am the owner/handler/caretaker for the above animals.

Client Name: _____ **Telephone:** _____

Client Signature: _____ **Date :** _____

VETERINARIAN: Please complete and email.

My name and signature below, as a Doctor of Veterinary Medicine, in compliance with Texas Administrative Code Rule §573.14, indicates I have: established a valid veterinarian/client/patient(s) relationship; examined the animal(s) to determine that animal chiropractic/MSM will not likely be harmful; and obtained as part of the patient's permanent record a signed acknowledgement by the owner or other caretaker (above) of the patient that animal chiropractic/MSM is considered by Texas law to be an alternate therapy. Therefore, I authorize, by my signature below, Jacqueline A. Doval, an independent contractor, to perform alternate therapies - animal chiropractic and other forms of musculoskeletal manipulation - for the animals listed above.

Clinic: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Telephone:** _____

DVM Name: _____, DVM

DVM Signature: _____ **Date :** _____

Please email this signed and completed form to: **docjackied@aol.com** ~ Thank you!