



Texas Animal Wellness Center

Jacqueline A. Doval, MS

Wellness For ALL Walks of Life!™

DocJackie.com

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Veterinarian Authorization Form

General Supervision for Alternate Therapies

(Texas Rule §573.14)

OWNER / CARETAKER: Complete this part

I, (print your name) _____

as the Owner, or Caretaker, hereby request authorization for
Jacqueline A. Doval, an independent contractor, to perform alternate therapies -
animal chiropractic and other forms of musculoskeletal manipulation (MSM) -
for the following animals: (*Please print.*)

(1) Name: _____ Equine Canine Feline _____

(2) Name: _____ Equine Canine Feline _____

(3) Name: _____ Equine Canine Feline _____

(4) Name: _____ Equine Canine Feline _____

My signature below indicates my acknowledgement that animal chiropractic or MSM
is considered by Texas law (Texas Rule §573.14) to be an alternate therapy.

Signature: _____ Date: _____

VETERINARIAN: Complete this part

I, (*print Veterinarian's name*) _____, DVM,
in compliance with Texas Administrative Code Rule §573.14, have: established a valid veterinarian/
client/patient(s) relationship; and 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.

DVM Signature: _____ Date: _____

Clinic: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Fax: _____

THIS FORM **MUST BE SIGNED BY OWNER/CARETAKER AND VETERINARIAN** IN ORDER FOR DOCJACKIE TO SEE YOUR ANIMAL