

**Dr. Sarah Wills (Russ), DC, LMT, CVSMT, CVMRT**

Certified Animal Chiropractor and Certified in Animal Massage & Rehabilitation

Russ Family Chiropractic

P: 630-470-5737 F: 630-357-7974

**Animal Chiropractic, Massage & Rehabilitation New Patient Referral Form:**

Date: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Dear Doctor,**

The following client has chosen chiropractic care, massage &/or rehabilitation for the following animal(s):

Client Name & Phone #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M / N F / S

Yes/No Cold Laser

Please contact me if you would like a follow up report for your records.

Kindly,

Sarah Wills (Russ), DC, LMT, cVSMT

- **This document is for your records and in accordance with Public Act 93-0281. (See amendment to Senate Bill 386)**
- **Dr. Wills is a licensed chiropractor who completed over 226 hours of education specializing in animal chiropractic and over 142 hours of education specializing in animal massage and rehabilitation, along with required continuing education in animal chiropractic, massage & rehabilitation. Chiropractic care, massage and rehabilitation offer complementary methods of care and does not replace traditional veterinary medicine. All of Dr. Wills patients are required to stay up to date with their veterinarian.**

**I acknowledge that my client wants their animal seen by Dr. Sarah Wills for chiropractic care, massage &/or rehabilitation. I also understand that if I would like more information regarding this animal for my records, or about animal chiropractic, massage or rehabilitaiton in general, I can request it.**

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**Veterinarian's Signature**

**Date**

\*Please sign and fax to 630-357-7974, scan and return via email to drsarahrussdc@gmail.com or make a copy for your client to bring with them to their appointment. Thank you!