



Email COMPLETED form to: eliteanimalchirotx@gmail.com BEFORE Initial Appointment with Rylan C. Holub.

Request for Veterinarian Authorization
General Supervision for Alternate Therapies

Elite Animal Chiropractic
Rylan C. Holub
TEL: 281-702-1304

To my Veterinarian,

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

- (1) Animal's Name: _____ Equine Canine Feline _____
- (2) Animal's Name: _____ Equine Canine Feline _____
- (3) Animal's Name: _____ Equine Canine Feline _____
- (4) Animal's Name: _____ Equine Canine Feline _____

I authorize, by my signature below, Rylan C. Holub 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 to Rylan C. Holub.

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, Rylan C. Holub, 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: _____