



coast to country

ANIMAL CHIROPRACTIC

(please circle where appropriate)

OWNER/NAME: _____	DOB: ___/___/___	Occupation: _____
Address: _____		Suburb: _____
P/code _____	Phone: (H) _____	(M) _____
Email Address: _____	Preferred method of contact: Phone / Mobile / Email	

PATIENT'S NAME: _____	Horse / Dog / Cat / Other: _____	
BREED: _____	COLOUR: _____	
AGE: _____	SEX: MALE/FEMALE	NEUTERED/GELDED: YES/NO

How did you hear about us: Yellow pages / Internet / Facebook / Sign / Newspaper / Friend or Family / Other: _____
--

IS YOUR ANIMAL PREGNANT? YES NO If Yes, How many weeks? _____

Has your animal ever had CHIROPRACTIC treatment before? YES / NO (Please circle)

If YES, when was their last visit? _____ Name of Chiropractor: _____

Has your animal ever had MASSAGE treatment before? YES/NO (Please circle)

Are there any concerns you currently have about your animal? _____

How long have they had this complaint? _____ Have they had a similar complaint before? YES / NO

Does anything appear to make their problem worse? _____

Does anything appear to make their problem better? _____

Please tick any of the relevant boxes if your animal suffers from or has suffered from any of the following:

– Arthritis/Joint Swelling	– Diabetes	– Allergies	– Irritability
– Back pain	– Osteoporosis	– Thyroid	– Stress
– Laminitis	– Hip Dysplasia		

Has your animal had any X-RAYS in the past 12 months? YES / NO

Has your animal ever had any fractures/dislocations? YES / NO Please describe: _____

Please list ALL Surgery: _____

Please list ALL Medications: _____

Please list ALL Supplements: _____

If this visit is relating to any recent trauma your animal has experienced, has your Veterinarian been consulted? YES/NO

Brief description of trauma: _____

Veterinarian's Name: _____ Vet Clinic: _____

I acknowledge that the above information is correct and I have not knowingly withheld any information that is relevant to my health and treatment.

Owner's Signature: _____ Date: _____