

## Owner Information

## Pet Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Cell Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact  
\_\_\_\_\_

Emergency Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Pet's name \_\_\_\_\_

Dog  Cat  Horse Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Birth date: \_\_/\_\_/\_\_

Sex: M/F

Spayed/neutered: Y/N

Color: \_\_\_\_\_

Pet's attending Veterinarian: \_\_\_\_\_

Date Last Seen \_\_\_\_\_

Veterinarians Phone number:

(\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Has your Veterinarian referred you here today?

Y / N

Reason for Pet's visit today?  
\_\_\_\_\_

What do you feed your pet?  
\_\_\_\_\_

On Any Medications?  
\_\_\_\_\_  
\_\_\_\_\_

Any trauma's or surgeries?  
\_\_\_\_\_  
\_\_\_\_\_

Please check any that apply:

- Reaction after vaccines
- Increased activity levels
- Decreased activity levels
- Weight gain  Weight loss
- Lumps  Hair loss

- Difficulty walking  Difficulty jumping
- Difficulty with lateral movements
- Difficulty holding leads
- Difficulty picking up a lead
- Changes in bowel movement
- Other

### Liability Waiver

I hereby request and consent to appropriate chiropractic case management for my animal. I understand that chiropractic care is meant to optimize health by facilitating neurological and biomechanical integrity which allows maximum expression of the body's innate recuperative abilities. Chiropractic adjustments are exceedingly safe; however, I understand there are some risks to care including but not limited to fractures, disc injuries, stroke, dislocations and sprains. I do not expect the doctor to anticipate and explain every risk and complication. I will rely on the doctor's best judgment to protect my best interest. No guarantees of cure have been implied or given. I understand that I along with my animal are active participants in their chiropractic care and I am encouraged to bring up questions or express any concerns.

Chiropractic is not a substitute for tradition veterinary care nor does Marshall Chiropractic provide veterinary services. By signing below, I affirm that I have read, or had read to me, this consent document, and I agree to its provisions. I intend this document to cover the entire course of care now and in the future. I am free to refuse care discontinue care at any time.

Owner Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_