

**OWNER INFORMATION**

Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_ City, St., Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Occupation: Self \_\_\_\_\_ Spouse \_\_\_\_\_  
Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_  
Referred by: \_\_\_\_\_  
Has chiropractic care been explained to you? \_\_\_ Yes \_\_\_ No

**ANIMAL INFORMATION**

Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_ Gelded / spayed / neutered  
Dog \_\_\_ Horse \_\_\_ Cat \_\_\_ Breed \_\_\_\_\_  
Color, identifying marks, tatoos, etc. \_\_\_\_\_  
Use of animal: \_\_\_\_\_  
Brand, amount, frequency of feeding: \_\_\_\_\_  
Current medications: \_\_\_\_\_ How long? \_\_\_\_\_  
\_\_\_\_\_ How long? \_\_\_\_\_  
Past surgeries: \_\_\_\_\_  
Specific history of any major health problems or injuries: \_\_\_\_\_  
\_\_\_\_\_

Purpose of this appointment: \_\_\_\_\_  
Major complaint (s): 1. \_\_\_\_\_ How long? \_\_\_\_\_  
2. \_\_\_\_\_ How long? \_\_\_\_\_  
3. \_\_\_\_\_ How long? \_\_\_\_\_

Is condition(s) getting worse, staying the same, getting better? (circle one)  
What aggravates the above complaint(s)? \_\_\_\_\_  
Recent change in behavior? \_\_\_\_\_  
Have other doctors been seen for this (these) condition(s)? \_\_\_\_\_

Previous diagnosis for this (these) condition(s)? \_\_\_\_\_  
Previous animal chiropractic care? \_\_\_\_\_ By whom? \_\_\_\_\_  
Results: \_\_\_\_\_

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_