

# CANINE PATIENT INFORMATION

Owner name \_\_\_\_\_ Today's date \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Animal name \_\_\_\_\_ Sex M / F Spayed/Neutered Y / N Who told you about our practice \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Veterinarian \_\_\_\_\_ City, State \_\_\_\_\_

Activity Level:  Low  Med  High Crate Time \_\_\_\_\_ hrs/day Temperament: (Calm/Friendly) 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (Very Aggressive)

Reason for Chiropractic Care: \_\_\_\_\_

How would you rate your pet's discomfort? (No Pain / No Discomfort) 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (Extreme Pain / Extreme Discomfort)

Has the complaint been changing since it started?  It's getting worse  It's the same  It's getting better When did the problem start? \_\_\_\_\_

Has your pet experienced this in the past? If yes, describe: \_\_\_\_\_

How did the problem start? \_\_\_\_\_

How does your pet show they're in pain?  Making Sounds  Pacing  Heavy Breathing  Limping  Other \_\_\_\_\_

Recent changes in behavior?  Yes  No Explain: \_\_\_\_\_

Any triggers / fears?  Yes  No Explain: \_\_\_\_\_

History of major health issues? \_\_\_\_\_

History of trauma?  Yes  No Explain: \_\_\_\_\_

What makes the problem better or worse? \_\_\_\_\_

Who have you seen for this condition?  Veterinarian  Chiropractor  Acupuncturist  Nobody  Other \_\_\_\_\_

Changes in bowel habits or water intake? \_\_\_\_\_

What homecare have you done to treat this condition? \_\_\_\_\_

Has your pet had any imaging?  X-ray  MRI  CT-scan  Other  None

Health History (check YES or NO):

**YES NO**

Recent Fever

Epilepsy / Convulsions

Pain without relief with rest or position

Abnormal weight,  Increase  Lost

Use of Corticosteroids (Cortisone, Prednisone, etc.)

Surgeries \_\_\_\_\_

**YES NO**

Dizziness / Fainting

Urinal Problem

Currently Pregnant, # Weeks \_\_\_\_\_

Pain at night

Pain or Stiff in the morning

Cancer / Tumor (Explain) \_\_\_\_\_

Medication \_\_\_\_\_

**YES NO**

Diabetes

Menstrual Problem

Stroke (Date) \_\_\_\_\_

Osteoporosis

Visual Disturbances

Other Health Problems (Explain) \_\_\_\_\_

**Initials ( ):** I, owner of the animal described above, and being 18 years of age or older, do understand, substantiate, and authorize the following:

- Dr. William Holdsworth is a Doctor of Chiropractic and is practicing within his scope in the State of New Jersey to provide Chiropractic Care for animals.
- Dr. William Holdsworth DC is not a veterinarian, and cannot take responsibility as the primary care provider for my animal as this is practiced by veterinarians only.
- Chiropractic care is not intended to replace appropriate veterinary care, but is intended to be used concurrently and in conjunction with my veterinarian's care.
- Dr. Holdsworth DC has explained to me the scope of Chiropractic Care in the State of New Jersey, and described the procedures that will be performed on my animal.
- I have been informed of and understand the risks associated with Chiropractic Care for my animal and understand there can be no guarantee as to the nature of my animal's condition or the outcome of any procedure.

**Initials ( ):** I hereby authorize Dr. William Holdsworth DC to treat my animal with Chiropractic Care. I certify that my animal is current with veterinarian visits at the veterinary office listed above on this form.

I certify to the best of my knowledge that the information is complete and accurate. I have been open and honest in disclosing any and all examinations, diagnostic tests, and treatment's for my animal's condition(s). I do not believe there are underlying issues that I have not presented. I have read this authorization, understand it, and have given my consent to treat my animal. I understand that I am financially responsible for all charges for services provided.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_