

Please fill in ALL of the following information so that we can best serve you.



Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Pet Breed: \_\_\_\_\_

Pet Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered/Altered: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

May we use pictures of your pet on any of our social media pages and/or website? Yes \_\_\_\_\_ No \_\_\_\_\_

## Health History

Has your pet had previous Chiropractic Care? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet had previous massage therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet had previous physical therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet had previous acupuncture care? Yes \_\_\_\_\_ No \_\_\_\_\_

Current Prescriptions, Supplements, Vitamins, etc.

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Current Supplements, Vitamins, Holistic Herbs or Medications NOT prescribed by a Veterinary Professional

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Current over the counter medications

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Current Diet

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Any dietary restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

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Any known or suspected allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

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Check any of the following current or ongoing conditions:

Addison's Disease     Cancer     Decreased Hearing     Hypothyroidism  
 Arthritis     Cushing's Disease     Decreased Vision     Other \_\_\_\_\_  
 Back/Neck pain     Diabetes     Heart Disease     Other \_\_\_\_\_

Please list any history of surgeries including date, and name of Hospital or Doctor:

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Please list any recent injuries including date, and if a healthcare professional was seen:

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Do you think your pet is in pain? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

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Does your dog have a current canine job? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

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Do you have any personal limitations that you want me to be aware of? \_\_\_\_\_

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What are the top three health goals for your pet?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Is your pet sleeping normally? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your pet get up, turn around, lie down, and repeat often? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your pet bow or yawn often? Yes \_\_\_\_\_ No \_\_\_\_\_

Any recent changes in appetite? Yes \_\_\_\_\_ No \_\_\_\_\_

Any recent changes in water consumption? Yes \_\_\_\_\_ No \_\_\_\_\_

Any change in urination frequency or accidents? Yes \_\_\_\_\_ No \_\_\_\_\_ List: \_\_\_\_\_

Any fluctuations in weight? Yes \_\_\_\_\_ No \_\_\_\_\_ List: \_\_\_\_\_

What is the activity level of your pet? \_\_\_ None/inactive \_\_\_ Moderate \_\_\_ Highly active

Please include any activities they may do: \_\_\_\_\_

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Please list any exercise equipment your pet uses at home: \_\_\_\_\_

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Please list any mental/enrichment games you engage in with your pet: \_\_\_\_\_

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Please list any competitive sports your pet is involved in (i.e. agility, barn hunt, IPO, etc.): \_\_\_\_\_

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Check all activities that you have you noticed any problems or changes:

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Sits      | <input type="checkbox"/> Transitions from Sit to Stand  | <input type="checkbox"/> Get in /out of car      |
| <input type="checkbox"/> Stands    | <input type="checkbox"/> Transitions from Down to Stand | <input type="checkbox"/> Movement after activity |
| <input type="checkbox"/> Lays down | <input type="checkbox"/> Climbs up or down stairs       | <input type="checkbox"/> Movement after rest     |

Do you hear scuffing of the nails when your pet walks? Yes \_\_\_\_\_ No \_\_\_\_\_

## Appointment Notifications and Reminders

You can opt to receive messages to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments.

- Email 2 days before appointment
- Text Message (SMS) 2 hours before appointment (Standard messaging & data rates may apply, messaging frequency can vary and you can update your preferences anytime)

## Consents

- I certify that I have been open and honest with Maryland Animal Chiropractic, LLC as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animal's condition.
- I agree to assume financial responsibility for all professional fees and agree to pay Maryland Animal Chiropractic, LLC in full at the time services are rendered. Cash, check and credit cards are accepted. I understand that a fee of \$35 will be incurred for all returned checks.
- I understand that if I am unable to keep my appointment, I am required to provide a 24-hour (1 business day) notice of cancellation or I will be charged in full for my scheduled appointment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Informed Consent for Chiropractic Examination & Treatment

Maryland Animal Chiropractic, LLC (MAC) Chiropractors are Doctor of Chiropractic, licensed in the care of humans. They have received several hundred hours of education specific to Animal Chiropractic and have been certified in Animal Chiropractic by the International Veterinary Chiropractic Association (IVCA) and/or the American Veterinary Chiropractic Association (AVCA). MAC Chiropractors ARE NOT veterinarians and cannot take responsibility for the primary care of my animal and animal chiropractic care IS NOT intended to replace traditional veterinary care but is considered a complementary therapy, to be used concurrently and with veterinarian's care. MAC Chiropractors have explained the scope of care and described the procedures to be performed on my animal and the risks involved with Animal Chiropractic care to my satisfaction and I realize that there can be no guarantee as to the nature of my animal's condition or the outcome of any procedure. I understand that there is minimal research supporting the clinical efficacy of Animal Chiropractic and agree that any aspects of my animal's care may be used in future research data. VCA Columbia Animal Hospital, at 10788 Hickory Ridge Rd. Columbia, MD 21044, grants Maryland Animal Chiropractic, LLC the use of their facilities and therefore, any and all services performed by MAC at this individual location will, in no way, hold that organization or their employees liable.

### Informed Consent for Alternative or Complementary Veterinary Medical Treatment

Planned Procedure/Treatments may include any, or all, of the following:

1. Acupuncture
2. Laser Therapy
3. Nail Trim
4. Herbal Therapy
5. Nutritional or Food therapies
6. Massage
7. Physical Rehabilitation/Exercises
8. Underwater Treadmill Therapy

I have been advised by the doctor/doctors of the methods and treatments for the complementary or alternative veterinary procedures/treatments identified above. The procedures/treatments have been explained to my satisfaction including the purpose for performing them, the potential benefits, the risks involved, costs and the likely consequence of having no treatment or using only complementary and alternative veterinary medicine. I am aware that the above-mentioned complementary or alternative modalities to be used in the treatment of my animal are not considered conventional veterinary medicine. I hereby authorize the performance of the above identified procedures/treatment and the use of any associated medications/supplements either conventional or complementary. I understand that there can be no guarantee as to the animal's condition or outcome of any procedure or treatment undertaken.

**I have read and fully understand this form and declare that I voluntarily provide my informed consent as per the above items.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date