****

*13383 4th Line, Acton, Ontario, L7J 2M1*

*P: 519-929-9222; F: 519-929-9375*

*info@bluespringsanimalrehab.com*

*Chiropractic New Patient Information Form*

**Owner Information**

Owner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Patient Information**

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

Species: Canine Feline Other

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Veterinary Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Diet:

Is your pet up to date on vaccines? Y N Unsure

 ***Please bring proof of vaccinations to your first appointment***

History of previous health concerns/surgeries:

Describe your pet’s environment - Are there stairs? Type of flooring? Other pets? Etc:

Describe your pet’s regular activity level and daily routine:

Presenting Complaint/Diagnosis/Surgery:

When did the problem start?

Has your pet experienced this problem in the past?

Does anything make the problem worse? Better?

Describe your goals for spinal manipulation therapy and your pet:

**If you need to cancel or reschedule for any reason, please contact us as soon as possible so that we can offer this time to another client. Appointments cancelled with 24 hours or less notice may be non-refundable.**

Owner Initial:

**By signing this document, By submitting this document, I understand that my pet has either a) been referred by my veterinarian for rehabilitation of a specified condition or b) can benefit from general fitness and conditioning. My pet will not undergo any diagnostic procedures or receive treatment for any new or unrelated concerns during rehabilitation sessions. All such concerns should be discussed with my veterinarian prior to or following the rehabilitation session. I understand that Blue Springs Veterinary Rehabilitation Center does not solicit for or have any direct association with surrounding veterinary hospitals. I understand that my pet can not be seen at Black Creek Animal Hospital for veterinary care within 1 year of referral to Blue Springs Rehabilitation Center.**

Owner signature: Date:

**Please email or fax completed form.**

 **We will contact you directly to schedule an appointment.**