

New Patient Intake

All-Around Chiropractic, LLC

Kaitlyn Ayers, DC, cAVCA

Patient Name: _____

Species/Breed: _____

Date of Birth: _____ Age: _____ Sex: _____

Owner Name: _____

Owner Contact Information:

Phone: _____

Email: _____

Address: _____

Where will the patient be treated (home address, barn, vet clinic, etc.)?

Vet Clinic/Primary Veterinarian: _____

Date of Last Visit: _____

Is the patient up to date on vaccinations? _____

Vet's Contact Information:

Phone: _____

Address: _____

Current Problem: _____

When did you first notice this problem? _____

How did it start? _____

Any previous episodes? _____

Previous treatment? _____

Any related imaging (type and date)?

Has the patient had chiropractic care before? _____

If so, when was their last adjustment? _____

Previous medial history (injuries, surgeries, illnesses, etc.):

Primary Use (competition, show, pet, etc.): _____

Is there any other information that you would like to share about the patient?

**CHIROPRACTIC EXAMINATION AND TREATMENT CONSENT FORM &
CLIENT VERIFICATION OF CONCURRENT TRADITIONAL VETERINARY CARE**

I, _____, owner of the animal described below, and being eighteen years of age or older, do understand, substantiate, and authorize the following:

- A. Dr. Kaitlyn Ayers is a Doctor of Chiropractic, licensed in the care of humans. She has attended hundreds of hours of education specific to animal chiropractic and has been certified by the American Veterinary Chiropractic Association to practice animal chiropractic with approval from the patient's primary licensed veterinarian.
- B. Dr. Ayers is NOT a veterinarian and cannot take responsibility for the primary care of the animal described below.
- C. Chiropractic care is NOT intended to replace traditional veterinary care, but is considered a complimentary therapy, to be used concurrently and in conjunction with traditional veterinary care.
- D. Dr. Ayers has explained the scope of her care and described the procedures she will perform on the patient. I understand these procedures and acknowledge that they agree with the American Veterinary Chiropractic Association's (AVCA) description of Animal Chiropractic as follows:
 - a. (Animal Chiropractic) comprises the adjustment of vertebral joints, extremity joints, and cranial sutures.
 - b. A chiropractic exam includes a neurological exam, stance and gait analysis and motion and static palpation.
 - c. It includes evaluating the patient's history, intended use/athleticism, health state, and prior x-rays and tests.
 - d. A chiropractic adjustment is defined as short lever, high velocity controlled thrust by hand or instrument that is directed at specific articulations to correct vertebral subluxations.

- E. I understand that under Missouri State Law, Dr. Ayers must have a referral from a licensed veterinarian with an established client-patient relationship with the animal described below in order to accept this animal as a patient.
- F. Dr. Ayers has explained the risks involved with Animal Chiropractic care to my satisfaction, and I realize there can be no guarantee as to the nature of my animal's condition or the outcome of any procedure.
- G. I agree that I will pay my bill in full at the time of service using either cash or Venmo.

I hereby authorize All-Around Chiropractic, and in particular, Dr. Kaitlyn Ayers, Chiropractic Physician, to treat my animal with Animal Chiropractic. I certify that my animal has had routine, traditional veterinary care, and my current veterinarian is:

_____ (Name of DVM) at
_____ (Practice Name),
_____ (Practice Address)

I certify that I have been open and honest with Dr. Ayers as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animal's conditions. I have read this authorization form, understand it, and give my consent to examine and treat:

Patient Name: _____

Breed: _____ Age: _____

Owner's Name: _____

Phone Number: _____

Address: _____

Animal's Location: _____

Trainer's Name (if applicable): _____

Phone Number (if applicable): _____

Signature: _____

Date: _____

Please email completed form to:
kaitlynayersdc@gmail.com

