

Companion Animal Chiropractic
 Dr. Robin Sadler, DC, CVSMT
 CompanionAnimalChiro.com
 414-436-9878

New Client History Form

Owner Name: _____
 Home Address: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

Pet's Name: _____ DOB/age: _____
 Gender: **MALE FEMALE** Spayed/Neutered: **YES NO**
 Species: _____ Breed: _____
 Weight: _____ Color: _____

Pet's Current Condition:

Primary complaint: _____

How did this problem begin? _____

Does your pet seem painful? **YES NO**

Is the pain: **CONSTANT FREQUENT OCCASIONAL**

Do you feel the problem is: **Getting better Not changing Getting worse**

Has your pet had a condition like this in the past? **YES NO**

Past treatments for this condition: _____

Have you seen anyone else for this condition? _____

Review of Systems:

Does your pet have problems with any of the following? When are signs worst?

Uneven surfaces	YES	NO	First thing in the morning	YES	NO
Slippery surfaces	YES	NO	Late in the day	YES	NO
Mild inclines	YES	NO	During activity	YES	NO
Short walks	YES	NO	After activity	YES	NO
Stairs	YES	NO	After rest	YES	NO
Posturing for urination	YES	NO	Same all the time	YES	NO
Posturing for defecation	YES	NO			
Accidents	YES	NO			

Does your pet have problems with any of the following? If yes, please explain:

Sitting down	YES	NO	
Laying down	YES	NO	
Standing up	YES	NO	
Eating	YES	NO	
Drinking	YES	NO	
Cleaning themselves	YES	NO	
Walking	YES	NO	
Running	YES	NO	
Jumping up	YES	NO	
Jumping down	YES	NO	

General History:

Diet type: _____ Amount fed daily: _____

Pet's usual/daily activities: _____

Has your pet had behavioral changes recently? _____

Have you noticed any irritability in your pet? If so, when and why? _____

Has your pet ever demonstrated aggressive behavior? _____

Current Medications and/or supplements/herbs/vitamins: _____

Other medical history (cancer, seizures, heart conditions, surgeries, etc): _____

Miscellaneous: _____