



NEW PATIENT INFORMATION

Animal's name: _____

Animals birth date: _____ Spay/neuter (date): _____

Your animal's breed

Color _____

Owner's name _____ Phone: _____

Address: _____

Email Address: _____

How did you hear about us? _____

Animals weight: _____ Date of last known rabies / coggins: _____

Does this pet have a history of abuse or are they nervous/reactive? ☐ Yes ☐ No

Has the animal been seen by a licensed veterinarian in the last 12 months? ☐ Yes ☐ No

Date: _____

Has the licensed veterinarian provided a diagnosis of the medical condition of the animal for which animal chiropractic is sought ☐ Yes ☐ No

If yes, what is the diagnosis? _____

Has your animal had a chiropractic adjustment before? ☐ Yes ☐ No

Provider and date of your animal's last adjustment: _____

Reason for seeking care / goals to be achieved with care:

Current medical conditions, accidents & injuries (please date):

Previous surgical procedures or imaging (please date and specify region):

Current medications / supplements (please provide dosage):

Current diet & frequency of feeding:

Activity level / do you compete with this animal:

Members of the animal care team (list contact information):

Horse owners only

Trainer & boarding barn contact and address:

Date of last dental float _____

Farrier Name and last date of service : _____

I authorize the chiropractor, Charita Cooper, DC to provide animal chiropractic to my animal. I understand that animal chiropractic is not intended to replace traditional veterinary care and is considered an alternative therapy to be used concurrently and in conjunction with traditional veterinary care by a licensed veterinarian. I understand that Charita Cooper, DC is not a licensed veterinarian and cannot maintain primary responsibility for my animal's care.

Sign _____ Date _____

Print Name _____