



NEW PATIENT FORM

Species: Dog / Horse / Cat Spayed / Neutered / Intact

Gender: M / F

First and last name: _____ Owner's Name: _____

Date of Birth: Day- _____ Month- _____ Year- _____ Age- _____

Address: _____

Phone: Best/Preferred- _____ Alternate- _____

Email Address: _____

Breed: _____ Colour/Markings: _____

Animal's job/discipline: _____ Activity/Energy Level: High Medium Low

Training/Exercise Regimen: _____
(including walks per day) _____

Weight: _____

Veterinarian Information:

Name: _____ Phone Number: _____

Reason for Last Visit: _____

Was this visit within the last 12 months? **Y / N**

Did your vet diagnose the problem? **Y / N**

If so, please state the diagnosis: _____

Previous chiropractic experience: Y / N

If YES:

Previous chiropractor's name: _____

Previous chiropractor's telephone: _____

Date of last chiropractic visit: _____

Have you heard the term Subluxation? Yes No

Reason for previous Chiropractic visit?

What is the nature of this visit with us today? Health Optimization Complaint Injury Other

How did you hear about us?

- Website
- Friend/Relative
- Internet
- Talk/Event
- Signage
- Vet Referral
- Other: _____

NOTICED SYMPTOMS:

- LIMP
- HIND WADDLE
- DIFFICULTY GETTING UP/DOWN
- CHANGE IN ACTIVITY LEVEL
- CHANGE IN MOOD
- RELUCTANCE TO DO STAIRS / JUMPS
- SENSITIVITY TO TOUCH
- STIFFNESS

When did it start? _____

The complaint is getting: WORSE BETTER SAME

The complaint started: SUDDENLY GRADUALLY

MEDICAL HISTORY:

Please list all medications/supplements being taken:

Please list any hospitalizations, illnesses or surgeries (include year):

Please explain dietary intake including food and treat type:

History of X-Rays / Other Imaging: **Y / N**

Results:

Expectations / Goals for Care:

I hereby authorize Dr. Julianne Donato-Mason, CoAC Certified Animal Chiropractor to examine my animal and share relevant health information regarding the above animal with the veterinarian on file, when appropriate

Owner's Signature _____ Date _____

Chiropractor's Signature _____ Date _____



Informed Consent

I am the owner of the animal being examined and I hereby authorize Dr. Julianne Donato-Mason, CoAC Certified Animal Chiropractor, to perform the necessary spinal adjustments for my animal. I have been open and honest with Dr. Donato-Mason about all other diagnostic tests and diagnoses my animal has undergone and been given.

I certify that my animal has a regular Veterinarian and I understand Dr. Donato-Mason is a licensed and insured Doctor of Chiropractic, NOT a veterinarian and is in no way trying to replace the veterinarian as the primary health care practitioner for my animal. Chiropractic is an alternative therapy to be used in conjunction with veterinary medicine. I understand that Dr. Donato-Mason has undergone several hundred hours of post-graduate education and training specific to animal chiropractic and has passed all the required examinations of proficiency in order to call herself a Certified Animal Chiropractor and is an active member of the College of Animal Chiropractors.

Dr. Donato-Mason has explained her scope of practice to me and has described all procedures she will perform on my animal, which I understand and acknowledge.

I have read this consent form, and, being 18 years of age or older, give my consent freely.

Owner's Signature _____ Date _____

Chiropractor's Signature _____ Date _____