

Client Name (you) _____ Email _____

Address: _____

Cell Phone: _____ Work Phone: _____

Pet Name: _____ Birth Year _____ Birth Month _____

Sex: M F Colour _____ Species: _____ Breed: _____

Chief Complaint Stiffness Y N If yes, where _____

Limping Y N If yes, where _____

Dragging Y N If yes, where _____

Back Pain Y N If yes, where _____

Neck Pain Y N If yes, where _____

Tail Pain Y N If yes, where _____

Leg Pain Y N If yes, where _____

Weakness Y N If yes, where _____

Change in bladder or bowel habits Y N _____

Change in eating habits Y N _____

Not jumping Y N _____

Walks sideways Y N _____

Yelps if picked up Y N _____

Able/willing to climb stairs Y N _____

Not lifting/wagging tail Y N _____

Abnormal behavior Y N If yes, please explain: _____

When did the issues start _____

Did it start Gradually Suddenly

How did it happen Unknown Hard Play Fell Down Stairs Woke up with it Groomers
 Past Surgery History of Trauma/Abuse Hit by Car Dog Fight Agility

Other _____

Please list any surgeries _____

Please list medications and supplements your pet is taking _____

Prior X-Rays What body part x-rayed and date _____

Activity Level Does your pet go on walks Y N If yes, how many per day _____ and how long

Has your pet had any prior chiropractic care? Y N Massage? Y N

Hydrotherapy? Y N Acupuncture? Y N

Other? _____

Have you noticed a change in your pet's behavior or mood? Y N Anxious Y N

Depressed Y N Aggressive Y N Disoriented Y N

Other _____

Is there anything else you feel we should know? _____

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

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

1. Dr. Cameron Campbell is a Doctor of Chiropractic, licensed in the care of humans. He has attended several hundred of education specific to Animal Chiropractic, and has been certified in Animal Chiropractic by the Veterinary Chiropractic Learning Centre.
2. Chiropractic care IS NOT intended to replace traditional veterinary care, but is considered an Alternative Therapy, to be used concurrently and in conjunction with my Veterinarian's care.
3. Dr. Cameron Campbell is NOT a veterinarian, and cannot assume responsibility for the primary care of an animal.
4. Dr. Cameron Campbell has described the scope of his care, and described the procedures that he will perform on my animal. I understand them, and acknowledge that they agree with the College of Animal Chiropractors description of Animal Chiropractic as follows: "Animal Chiropractic is the examination, diagnosis, and treatment of non-human animals through manipulation and adjustments of specific joints and cranial sutures". Animal Chiropractic DOES NOT include: dispensing of medications, performing surgery, injecting medications, recommending supplements or replacing traditional veterinary care.
5. Dr. Cameron Campbell has described the risks involved with Animal Chiropractic care to my satisfaction and I realize that there can be no guarantee as to the nature of my animal's condition or the outcome of any procedure.
6. I understand that Dr. Cameron Campbell is not responsible for any injury to the owner from their animal during treatment.

I hereby authorize Dr. Cameron Campbell, Chiropractor, to treat my animal with Animal Chiropractic. I certify that my animal has had regular, traditional, veterinary care, and is now currently being treated by:

Veterinarian: _____ Phone# _____

I also certify that I have been open and honest with Dr. Cameron Campbell as to any and all other examinations, diagnostic tests, diagnosis and treatments for my animal's conditions.

I have read this authorization form and understand it and give my consent.

Signed: _____ Date: _____

Witness: _____ Date: _____