Healing Lakes Chiropractic
Animal Intake Form

Owner Information:

Name:_____ Date:_____
Address:_____City:_____
State:_____ Zip:_____ Phone:_____
Email:_____

Animal Information:

Name:_____ Breed:_____
Date of Birth:_____ Age:_____ Gender:_____

Has your pet ever had chiropractic care before? Y N
If yes, when was the last adjustment?_____

Has your pet ever been in an accident? Y N
If yes, what type of accident and how long ago?_____

Has your pet ever had any surgeries? Y N
If yes, what type and when?_____

Has your pet ever been hospitalized? Y N
If yes, why and when?_____

Has your pet ever had cancer? Y N
If yes, what type and when?_____

Is your pet taking any medications? Y N
If yes, what type and what is it for?_____

Is your pet taking any supplements? Y N

If yes, what kind?_____

What is your pet's primary complaint today?_____

How long has he/she had this problem?_____

Signature:_____

Consent

By signing below, I hereby request and consent to the performance of chiropractic adjustments by Dr. Valerie Lunnon, DC for my pet _____. I understand that Dr. Valerie Lunnon is a certified animal chiropractor and **NOT** a veterinarian. If necessary, I will be referred to a veterinarian for diagnostic x-rays. I intend this consent to cover the entire course of treatment for my pets present condition and for any future condition(s) for which I seek treatment.

Owner's Printed Name: _____

Owner's Signature:_____

Date:_____

Cancellation Policy

A **$65 fee** will be charged to your account for any visits that were not canceled prior to **three hours** before the appointment.
Please **initial** that you have read and understand this policy. _____