

# Healing Lakes Chiropractic

## Animal Intake Form

### Owner Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Animal Information:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

DOB: \_\_\_\_\_ 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. 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 signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

### **Cancellation and No Show Policy**

A \$50 fee will be charged to your account for any visits that were not cancelled prior to three hours before that appointment.

Please initial that you have read and understand this policy: \_\_\_\_\_