



Chiropractic Examination & Care Consent Form

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

- Dr. Pip Penrose is a Doctor of Chiropractic, licensed in the care of humans. She has attended several hundred hours of education specific to Animal Chiropractic, and is a member of the College of Animal Chiropractors.
- Dr. Pip Penrose is NOT a veterinarian, and cannot take responsibility for the primary care of my animal.
- Chiropractic care IS NOT intended to replace appropriate veterinary care, but is intended to be used concurrently.

I understand that chiropractic care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of the chiropractic procedures often depends on environment, underlying causes, physical and spinal conditions. It is the underlying premise of Chiropractic premise that spinal alignment allows nerve transmission throughout the body and gives the body an opportunity to use inherent recuperative powers. Due to the complexity of nature, no doctor can promise you specific results.

I understand that I will take responsibility for any damage or injury that my pet may cause and will to the best of my ability maintain control of my pet at all times. This may include but is not limited to the use of collars, leashes, harnesses, muzzles, carriers, cross ties... etc. I will let Dr. Pip Penrose know if there are any particular circumstances which will allow my pet's appointment to be easiest on the animal.

I hereby authorize Dr. Pip Penrose to perform a Chiropractic Assessment and Adjustment on my animal. I have been open and honest with Dr. Pip Penrose as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animal's conditions.

I certify that my animal has had regular veterinary care and is concurrently being treated by:

Veterinarian: _____

Address: _____

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

Date: _____ Signature: _____

Patient (animal) Name: _____ Breed: _____ Age: _____



New Animal Patient Information

Date: _____

Patient's (Animal) Name: _____ **Human Family Names :** _____

Please circle species: Dog Cat Horse Other Breed: _____

Age ____ Birth(Month/Year) _____ Sex ____ Animal's role in your life: _____

Mailing Address (incl postal code) _____

Email: _____ Phone: _____

How did you find out about my Animal Practice?

Have you OR your pet ever received chiropractic care? Y N Where?

May I share information with your vet? Y N May I share pictures of your animal? Y N

Current Concern

Reason for seeking Chiropractic? _____

How long has this been a concern? _____

What makes it better? _____ What makes it worse? _____

Has there been any other testing? _____

Are there any other symptoms? _____

Describe any past episodes or illnesses _____

Did it begin (circle): sudden gradual Is it getting (circle): worse better consistent comes & goes

Was there an injury or event leading up to this condition? _____

Has your animal been hospitalized or had any other testing done? _____

Any medications/supplements/treats you give your animal: _____

What type of food does your animal eat? _____

Have there been any falls or accidents in this animal's past? _____

Any behavioural concerns? _____

Please list anything else you think Dr. Pip should know about your animal _____
