



## CANINE CHIROPRACTIC HEALTH RECORD

Animals Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Colour: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex: Neuter Male Spayed Female

Owner/Trainer/Agent \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone(H):(\_\_\_\_)\_\_\_\_-\_\_\_\_ (w):(\_\_\_\_)\_\_\_\_-\_\_\_\_  
e-mail: \_\_\_\_\_ (C):(\_\_\_\_)\_\_\_\_-\_\_\_\_

Veterinarian \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ e-mail \_\_\_\_\_ Last Visit: \_\_\_\_\_  
Reason for Visit \_\_\_\_\_

Dog's Job/Discipline: \_\_\_\_\_  
Activity Level Low Med High Crate Time \_\_\_\_\_ hrs/day  
Training/exercise/show/trial schedule \_\_\_\_\_

Conditioning \_\_\_\_\_  
Any other dogs in the household: Y N \_\_\_\_\_  
Past surgeries/injuries/accidents/illness \_\_\_\_\_

X-rays/MRI/CT scan: \_\_\_\_\_  
Lab results \_\_\_\_\_  
Current medications/supplements \_\_\_\_\_

Any other significant information: \_\_\_\_\_

Previous chiro treatment Y N Date of last treatment \_\_\_\_\_  
Dr. \_\_\_\_\_ Reason for visit \_\_\_\_\_

Primary Reason for Chiropractic Examination and/or Treatment Today?  
\_\_\_\_\_  
\_\_\_\_\_

## 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. Imke Schaible 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 certified in animal chiropractic.**
- **Dr. Imke Schaible 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.**
- **Dr. Imke Schaible has explained to me the scope of her care, and described the procedures she will perform on my animal. I understand them and acknowledge that they agree with the College of Chiropractors' Standard of Practice for Chiropractic Care of Animals.**
- I hereby authorize Dr. Imke Schaible to adjust my animal with Veterinary Chiropractic. I certify that my animal has had regular veterinary care and is now concurrently being treated by:
  - Veterinarian: \_\_\_\_\_
  - Address: \_\_\_\_\_
- I also certify that I have been open and honest with Dr. Imke Schaible as to any and all other examinations, diagnostic tests, diagnoses and treatments for my animal's conditions.
- I have read this authorization form, and understand it and give my consent.
- Client Name: \_\_\_\_\_
- Patient Name: \_\_\_\_\_
- Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_