



EQUINE CHIROPRACTIC HEALTH RECORD

Animals Name: _____ Date: _____

Breed: _____

Colour: _____ DOB: _____

Sex: S _____ G _____ M _____ Height _____

Owner/Trainer/Agent _____

Address _____

City _____ Postal Code _____

Telephone(H):(____)____-____ (w):(____)____-____

e-mail: _____ (C):(____)____-____

Veterinarian _____ Address _____

Telephone _____ e-mail _____ Last Visit: _____

Reason for Visit _____

Horses' Discipline: _____

Activity Level Low Med High Stall Time _____ hrs/day

Training/exercise/show/trial schedule _____

Conditioning _____

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: _____