

INFORMATION & HISTORY

Dog's Name: _____

Breed: _____ **Age:** _____ **Gender:** _____

Color: _____ **Markings:** _____

Please describe current problem or reason for seeking chiropractic care: _____

What goals do you hope to achieve through chiropractic care? _____

Is dog presently under veterinary care for a specific condition (beyond routine care):

No ____ **Yes** ____ **If yes please describe:** _____

Please list any past injuries, significant illness, or surgeries: _____

What is your dog's current level of activity? _____

Has your dog being seen by any other health care professional? (i.e. acupuncture, massage, previous chiropractic care) If so, please list: _____

Is your dog up to date on vaccinations? _____

Current medications: _____

Is your dog currently on any supplements? If so, please list: _____
