



INFORMATION & HISTORY

Dog's Name: \_\_\_\_\_ Owner's name \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Is dog presently under veterinary care: No \_\_\_\_\_ Yes \_\_\_\_\_

What is the veterinarian's name and phone number? \_\_\_\_\_

What is your dog's current level of activity? \_\_\_\_\_

If the dog is currently being seen for any specific conditions, please describe: \_\_\_\_\_

Current medications: \_\_\_\_\_

Is the dog currently being seen by any other health care professional? If so, please list: \_\_\_\_\_

Is your dog up to date on vaccinations? \_\_\_\_\_

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

Please list any past injuries, significant illness, or surgeries: \_\_\_\_\_

Please describe current problem or reason for seeking chiropractic care: \_\_\_\_\_

What goals do you hope to achieve through chiropractic care? \_\_\_\_\_