

Healthsource Chiropractic ~ Dr. Melissa Loidolt DC

1246 32<sup>nd</sup> Ave N, St. Cloud Mn 56303

Office: (320)-230-8920 ~ [www.healthsourcechiro.com/st-cloud/](http://www.healthsourcechiro.com/st-cloud/)



**INFORMATION & HISTORY**

Cat's Name: \_\_\_\_\_ Owner's Name \_\_\_\_\_

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

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

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

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

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

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

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

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

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

Is your cat 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? \_\_\_\_\_