



**Healthsource Chiropractic Of St Cloud ~Melissa Loidolt DC**  
**(320)230-8920 ~ [www.healthsourechiro.com/st-cloud/](http://www.healthsourechiro.com/st-cloud/)**



**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?** \_\_\_\_\_