



Hooves and Paws

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Animal Intake Form

Animal Name: _____	Age: _____	DOB: _____
Owner name: _____		
Species: _____	Color _____	weight: _____ Spayed/Neutered: _____ Sex: _____
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	Work Number: _____
Email: _____		
Referred By: _____		
Reason For Visit: _____		
Injuries or complaints: _____		
Who has your animal been seen by before? _____		
When did your current injury start? _____		
Has your animal been seen a chiropractor before: _____ Years: _____		
Major Accidents: _____ Years ago: _____		
Serious Illnesses/Hospitalizations/Surgeries: _____		
Last Vet Wellness Exam date: _____		
Pet Vet or Vet Clinic: _____		
Vet Office email: _____		
Vet Office Phone number: _____		
Recent Trauma? _____		
X Rays past year? _____ Clinic: _____		
List Medications/Supplements: _____		
Food: _____		
Brand: _____		
Amount: _____ Times a day: _____		

Circle all that apply

Appetite:	Normal	light	heavy	
Weight:	Loss	stable	gain	
Bowels:	Normal	constipated	diarrhea	can't hold it
Bladder:	Normal	increased	difficulty holding/dribbling	

Weakness:	None	Pt End	Back end	both	
Stiffness:	None	Pt End	Back end	both	
Lameness:	None	L Front	R Front	L Rear	R Rear
Vomiting:	YES	NO			
Difficulty rising?	YES	NO			
Difficulty upstairs?	YES	NO			
Difficulty Downstairs?	YES	NO			
Changes in recent behavior?	_____				
Exercise?					
List all types of exercise:					

CHIROPRACTIC EXAMINATION & CARE CONSENT FORM

I, the owner/handler of the animal signing this form being 18 years of age or older, give my consent to examination and treatment as deemed necessary and acceptable, understand that there are risks involved in the treatment of the spine and associated structures.

An owner of an animal bringing the animal into the Doctor of Chiropractic gives the doctor permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis, and analysis. This authorization shall remain in effect until revoked by the undersigned parent/guardian.

ACKNOWLEDGMENTS: *

- Dr. Haley Surface is a Doctor of Chiropractic, licensed in the care of humans. She has attended several hundred hours of education specific to Animal Chiropractic.
- Dr. Haley Surface 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 intended to be used concurrently.
- I realize there can be no guarantee as to the nature of my pet's condition or the outcome of any procedure, and that the services are to only provide relief from everyday stresses put on the animal by performance.
- I hereby authorize Dr. Haley Surface to adjust my animal with Animal Chiropractic. I certify that my animal has had regular veterinary care and is now concurrently being treated by the veterinarian listed above.
- I also Certify that I have been open and honest with Dr. Haley Surface as to any and all examinations, diagnostic tests, diagnosis, and treatments for my animals' conditions. I have read this authorization form and understand it and give my consent.

All boxes must be checked, or your visit cannot be scheduled.

SIGNATURE*
