

*Restorative Health Center  
201 Exton Commons  
Exton, PA 19341  
(610) 363-2897*

**Animal Chiropractic New Patient Intake Form**

**CLIENT (YOUR) NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE & ZIP:**

\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **REFERRED BY:** \_\_\_\_\_

**PATIENT (ANIMAL) NAME:** \_\_\_\_\_ **MALE** \_\_ **FEMALE** \_\_

**SPAY/NEUTER:** YES\_\_ NO\_\_ **AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SPECIES:** DOG\_\_ CAT\_\_ OTHER: \_\_\_\_\_ **BREED:** \_\_\_\_\_

**COLOR/IDENTIFYING MARKS:** \_\_\_\_\_

**REASON FOR TREATMENT:** \_\_\_\_\_

\_\_\_\_\_

**MAJOR HEALTH PROBLEMS/SURGERIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECENT CHANGE IN BEHAVIOR? IF SO, DESCRIBE.** \_\_\_\_\_

\_\_\_\_\_

**PREVIOUS DIAGNOSES/CURRENT CONDITIONS:** \_\_\_\_\_

\_\_\_\_\_

**DIET:** \_\_\_\_\_

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

SUPPLEMENTS? \_\_\_\_\_

## Animal Chiropractic New Patient Intake Form

**I, owner of the animal described below, and being 18 years of age or older, do understand, substantiate and authorize the following:**

1. Dr. Elizabeth Carter is a Doctor of Chiropractic. She has attended several hundred hours of education specific to animal chiropractic.
2. Dr. Elizabeth Carter is NOT a veterinarian, and cannot take responsibility for the primary care of my animal.
3. Chiropractic care is NOT intended to replace traditional veterinary care, but is considered a Complementary Therapy, to be used concurrently and in conjunction with my veterinarian's care.
4. Dr. Elizabeth Carter has explained to me the scope of her care, and described the procedures she will perform on my animal. I understand these procedures and acknowledge that they agree with the American Veterinary Medical Association's (AVMA) description of animal chiropractic as follows:

“Veterinary chiropractic is the examination, diagnosis, and treatment of non-human animals through manipulation and adjustments of specific joints. The term "veterinary chiropractic" should not be interpreted to include dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care. While sufficient research exists documenting efficacy of chiropractic in humans, research in veterinary chiropractic is limited. Sufficient clinical and anecdotal evidence exists to indicate that veterinary chiropractic can be beneficial. It is recommended that further research be conducted in veterinary chiropractic to evaluate efficacy, indications, and limitations. The assurance of education in veterinary chiropractic is central to the ability of the veterinary profession to provide this service. Veterinary chiropractic should be performed by licensed veterinarians; however, at this time, some areas of the country do not have an adequate supply of veterinarians educated in veterinary chiropractic. Therefore, it is recommended that, where the state's practice acts permit, licensed chiropractors educated in veterinary chiropractic be allowed to practice this modality under the supervision of, or referral by, a licensed veterinarian who is providing concurrent care.”

5. Dr. Elizabeth Carter has explained the risks involved with animal chiropractic care to my satisfaction, and I realize that there can be no guarantee as to the nature of my animal's condition, or the outcome of any procedure.

**I hereby authorize Restorative Health Center, and in particular, Dr. Elizabeth Carter, chiropractic physician, to treat my animal with animal chiropractic. I certify that my animal has had routine, traditional veterinary care, and my current veterinarian is”**

Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_

Veterinarian (if your pet sees a specific doctor): \_\_\_\_\_

**I certify that I have been open and honest with Dr. Elizabeth Carter as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animal's conditions. I have read this authorization form, understand it, and give my consent.**

Patient (Animal) Name: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_