



# JOHNSON CHIROPRACTIC ANIMAL CLINIC

304 Norris Road ~ Perth, ON  
K7H 3C6 ~ (613) 264-7836

## Pet Health Profile

Patient # \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of Birth: dd \_\_\_\_/mm\_\_\_\_/yy\_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_

Address: \_\_\_\_\_ (work) \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_ Clinic: \_\_\_\_\_

Has your pet ever received chiropractic care? yes no

If yes by whom: \_\_\_\_\_ When? \_\_\_\_\_

How did you discover the Johnson Animal Chiropractic Clinic? \_\_\_\_\_

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### Present reason for consulting our office:

Pain relief care only  Correction & prevention of existing problem?  Maximizing pet's health potential?

### Please describe your pet's current problem, if any....

\_\_\_\_\_  
\_\_\_\_\_

When did this problem start? (Specific date if possible) \_\_\_\_\_

\_\_\_\_\_

Is the condition worse in:  AM  PM  No difference

Is condition getting progressively worse?  Yes  No  Staying the same

Aggravated by:  sitting  standing  walking  getting up after sitting  
 bending  stairs  playing

Relieved by:  activity  rest  standing  sitting  medication (name) \_\_\_\_\_

Have you had x-rays, CT Scans, MRI's or ultrasound taken ?  yes  no

If yes.... when? \_\_\_\_\_ Where? \_\_\_\_\_

**Current or past conditions:** (✓ all that apply)

- Diabetes                       Cancer \_\_\_\_\_  Anxiety                       Arthritis \_\_\_\_\_  
 Bowel problems               Urinary problems               Hip Issues                       Infections \_\_\_\_\_  
 Vision trouble               Hearing trouble                       Thyroid trouble               Difficulty breathing  
 Other \_\_\_\_\_

**History:**

- Any changes in behaviour? Aggression?     Yes  No    Any changes in sleeping patterns?               Yes  No  
Are they playing more or less?                       Yes  No    Has there been any incontinence?               Yes  No  
Any changes in their eating/drinking?     Yes  No    Any weight loss?                       Yes  No  
Any head pressing/standing in corners?     Yes  No    Any yelping when being picked up?               Yes  No  
Are they walking into things?                       Yes  No    Any reluctance to go up/down stairs?               Yes  No  
Any refusal to jump up onto bed/couch?     Yes  No  
Any unusual behaviours?                       Yes  No    If yes, please describe \_\_\_\_\_  
Are they recently more reactive around other dogs?     Yes  No

List any and all medication your pet is currently taking: \_\_\_\_\_  
\_\_\_\_\_

Please list any herbs, nutritional supplements or natural home remedies your pet takes regularly: \_\_\_\_\_  
\_\_\_\_\_

List any surgeries and include when? \_\_\_\_\_  
\_\_\_\_\_

Please describe any falls or major injuries (include month/year, type of accident)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_