



JOHNSON CHIROPRACTIC ANIMAL CLINIC

Dr. Kelly Johnson, B.Sc. (Hon), D.C.
10 Herriot St., Unit 10B ~ Perth, ON
K7H 1T1 ~ (613) 264-7836

Small Pet Intake

Patient # _____

Date: _____

Pet's Name: _____ Date of Birth: dd ____/mm____/yy____

Owner's Name: _____ Phone: (home) _____

Address: _____ (work) _____

Email Address: _____

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? _____

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) _____

Pet's 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)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer _____ | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Arthritis _____ |
| <input type="checkbox"/> Bowel problems | <input type="checkbox"/> Urinary problems | <input type="checkbox"/> Hip Issues | <input type="checkbox"/> Infections _____ |
| <input type="checkbox"/> Vision trouble | <input type="checkbox"/> Hearing trouble | <input type="checkbox"/> Thyroid trouble | <input type="checkbox"/> Difficulty breathing |
| <input type="checkbox"/> Other _____ | | | |

History:

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



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Chiropractic Examination & Care Consent Form

I, _____, owner of the animal described below and being eighteen years of age or older do understand, substantiate and authorize the following:
Dr. Kelly Johnson is a Doctor of Chiropractic, licensed in the chiropractic care of humans. She has attended several hundred hours of education specific to animal chiropractic and is a member of the College of Animal Chiropractors.

I understand that Dr. Johnson is NOT a veterinarian and cannot take responsibility for the primary health care of my animal. I also understand that chiropractic care is NOT intended to replace appropriate veterinary care, but is to be used concurrently.

Dr. Johnson has explained the scope of her care, and described the procedures she will perform on my animal. I understand them and acknowledge that they agree with the College of Chiropractors' Standard of Practice for Chiropractic Care of Animals.

* I hereby authorize Dr. Johnson to adjust and treat my animal with animal chiropractic care. I certify that my animal has had regular veterinary care and is concurrently being treated by:

Veterinarian: _____ Address: _____

I certify that I have been open and honest with Dr. Johnson as to any and all other examinations, diagnostic tests, diagnoses and treatments for my animal's conditions.

Pet's Name: _____ Pet's Age: _____ Species: _____

Breed: _____ Color/Markings _____

Owner's Name: _____

Signature _____ Date: _____