



CHIROPRACTIC EXAMINATION AND 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. Mishka Thomson is a Doctor of Chiropractic, licensed in the 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.**
- **Dr. Mishka Thomson is NOT a veterinarian, and cannot take responsibility for the primary care of my animal.**
- **Chiropractic is NOT intended to replace appropriate veterinary care, but is intended to be used concurrently.**

I understand that chiropractic care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative ability. The success of the chiropractic procedures often depends on environment, underlying causes, physical and spinal conditions. It is the underlying premise of Chiropractic that spinal alignment allows nerve transmission throughout the body and gives the body an opportunity to apply its inherent recuperative powers. Due to the complexity of nature, no doctor can promise you specific results.

I understand that I will take responsibility for any damage or injury that my pet may cause and will to the best of my ability maintain control of my pet at all times. This may include but is not limited to the use of collars, leashes, harnesses, muzzles, carriers, cross ties, etc.

Dr. Mishka Thomson has explained to me 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. Mishka Thomson to perform a Chiropractic Assessment and Adjustment on my animal. I have been open and honest with Dr. Mishka Thomson as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animal's conditions.

I certify that my animal has had regular veterinary care and is now concurrently being treated by:

Veterinarian: _____

Address: _____

I have read this authorization form, and understand it and give my consent:

Date: _____ Signature: _____

Patient (animal) name: _____ Breed: _____ Age: _____



New Animal Patient History

Human Family Names _____ Date _____

Patient's (Animal's) Name _____ Breed _____

Please circle species: Dog Cat Other Age _____ Birth (month/year): _____ Sex _____

Animal's role in your life _____

Address _____

Email _____ Phone _____

How did you find out about Dr. Mishka's animal practice? _____

Have you OR your pet ever had chiropractic care before? Y N Where? _____

May I share information with your vet? Y N May I share pictures of your animal? Y N

Current Concern

Why would you like a chiropractic assessment for your pet? _____

When/How did this start? _____

What are the symptoms? _____

What makes it better? _____

What makes it worse? _____

Did it begin (circle): sudden gradual Is it getting (circle): worse better consistent comes & goes

Has there been any other testing? _____



Have you noticed any of the following in your animal:

- | | |
|---|---|
| <input type="checkbox"/> Unexplained limping | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Difficulty going up/down stairs | <input type="checkbox"/> Loss/leaking of urine |
| <input type="checkbox"/> Difficulty jumping up/down on furniture/into car | <input type="checkbox"/> Change in mood/behaviour |
| <input type="checkbox"/> Avoids previously enjoyable activities | <input type="checkbox"/> Yelps when touched |
| <input type="checkbox"/> Not squatting with bladder/bowel movement | <input type="checkbox"/> Refuses to walk as far as usual |
| <input type="checkbox"/> Stands with hind legs close together | <input type="checkbox"/> Bunny hopping |
| <input type="checkbox"/> Moves stiffly | <input type="checkbox"/> Avoids play |
| <input type="checkbox"/> Hind gives out | <input type="checkbox"/> Avoids stretching front/hind end |

Have there been any previous illnesses, falls or accidents in this animal's past? _____

List any medications/supplements taken in the past year: _____

What is your animal's regular exercise routine: _____

Are there any behavioural concerns? _____

Please list anything else you think Dr. Mishka should know about your animal _____
