

CENTERED IN MOTION

Chiropractic & Movement Rehabilitation

Claudia Holderegger, DC
AVCA Certified Animal Chiropractor

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PATIENT INFORMATION

Name of the animal:

Species:

Breed:

Birth year:

Sex: M F MN FS

Today's date:

Client name:

Address:

City:

State:

Zip:

Cell phone:

Home phone:

Email:

Your relation to the animal:

Other responsible party:

Phone:

Veterinarian:

Phone:

When was the animal's last vet check?

Reason for your visit:

Your Animal's History

Where did you acquire your animal friend?

Breeder Pet Store Humane Society/Shelter Rescue Organization Other:

How long ago did you acquire your animal friend?

Does s/he have a history of emotional or physical trauma? Please explain.

Describe her/his diet (If commercial food is used, please list brand):

Activities – including agility, showing, obedience, work:

Training: -- include classes, methods, devices:

Regular care (grooming, nail trims, massage, acupuncture, other):

What kinds of collars, leashes, harnesses, crates, etc. are used?

Other health practitioners:

The information above is accurate and complete to the best of my knowledge.

I understand that there is a fee of \$30 if I don't give 24-hour notice by phone when canceling or rescheduling any appointments.

Signature of owner/guardian:

Date: