

INITIAL ANIMAL INFORMATION

Patient's (Animal's) Name: _____ Date: _____

Please circle species: Dog Cat Other: _____

Breed: _____ Colour: _____

Birthday: _____ Age: _____ Sex: Male – Neutered/ Intact Female Spayed / Intact

Owner's Name: _____

Address: _____ Street

_____ City, Province

_____ Postal Code

Telephone Home: (____) _____ Cell: (____) _____

Business: (____) _____ Other: (____) _____

Email: _____ (email will only be used to send reminders)

What is the best time and location to reach you? _____

Emergency Contact: _____

Home: (____) _____ Business: (____) _____

How were you referred to this Clinic? _____

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

Veterinarian: _____ **Phone #:** _____



Dr. Jennifer Heick

550 Parkside Drive, Unit A4, Waterloo ON N2L 5V4
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Current Condition

What is the chief complaint? _____

Location of problem: _____

How long has the condition been present? _____

What makes it better? _____

What makes it worse? _____

Have you consulted with your veterinarian about this condition? Yes/ No Diagnosis: _____

What previous diagnostic work has been done? _____

What previous treatment has been done? _____

Any other therapies used? _____

Are there other symptoms? _____

Describe any past episodes: _____

Did it begin: ___ suddenly is it getting: ___ worse ___ is consistent
 ___ gradually ___ better ___ comes and goes

Was there an injury or event leading up to this condition?

Location: _____ When: _____

Have any x-rays been taken in the last 5 years? _____

Has the animal ever been hospitalized? _____

List any medication and supplements taken in the last 3 months: _____

What type of food do they eat? _____

Describe any other accidents or falls, which involved injury: _____

What is your pet's present level of activity? _____

Are there other concerns? _____



Please Read Carefully – To be signed in Front of Doctor

**CHIROPRACTIC EXAMINATION & TREATMENT CONSENT FORM
AND VERIFICATION OF CONCURRENT VETERINARIAN CARE**

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

- 1) Dr. Jennifer Heick is a Doctor of Chiropractic, licensed in the care of humans. She has attended one hundred and fifty hours of education specific to Animal Chiropractic, and has been certified in Animal Chiropractic by the American Veterinary Chiropractic Association.
- 2) Dr. Jennifer Heick 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 an Alternative Therapy, to be used concurrently and in conjunction with my Veterinarian's care.
- 4) Dr. Heick 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 American Veterinary Medical Association's (AVMA) description of Animal Chiropractic as follows: "Veterinary chiropractic is the examination, diagnosis, and treatment of animals through manipulation and adjustments of specific joints and cranial sutures. Veterinary chiropractic DOES NOT include dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care."
- 5) I understand that there is minimal research supporting the clinical efficacy of Animal Chiropractic, and that some aspects of my animal's care may be used in future research data.
- 6) Dr. Jennifer Heick 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.
- 7) Presently, there is very little research as to the risk involved with adjusting animals. However, based on human research, the following can occur:
 - a) While rare, some animals can experience short-term aggravating symptoms, rib fractures or muscle and ligament sprains or strains as a result of manual therapy techniques;
 - b) There are reported cases of stroke associated with many common neck movements, including adjustment of the upper cervical spine. Present medical and scientific evidence does not establish a definite cause and effect relationship between upper cervical spine adjustment and the occurrence of stroke. Furthermore, the apparent association is noted very infrequently. However, you are being warned of this possible association because stroke sometimes causes serious neurological impairment, and may, on rare occasion, result in injuries including paralysis. The possibility of such injuries resulting from upper cervical spine adjustments is extremely remote;
 - c) There are rare reported cases of disc injuries following cervical and lumbar spinal adjustment although no specific study has ever demonstrated such injuries are caused, or may be caused, by spinal adjustments or chiropractic treatment.

Chiropractic treatment, including spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be highly effective treatment for many neck and back conditions involving pain, numbness, muscle spasms, loss of mobility, headaches, and other similar symptoms. Chiropractic care contributes to overall well-being. The risk of injuries or complications from chiropractic treatment is substantially lower than that associated with many medical and other treatments, medications, and procedures given for the same symptoms.

I acknowledge I have discussed, or have had the opportunity to discuss, with my pet's chiropractor the nature and purpose of chiropractic treatment in general and my pet's treatment in particular (including spinal adjustment) as well as the contents of this Consent.

I consent to the chiropractic treatments offered or recommended to my pet by my pet's chiropractor, including spinal adjustment. I intend this consent to apply to all my present and future chiropractic care.

I have read this authorization form; I understand it and I give my consent.

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

Owner's Name: _____ Patient's Name: _____
Signed: _____ Date: _____



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