



Client Information

First name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Email: _____

Alternative contacts (approved to make medical decisions)

Name: _____

Phone number: _____

Name: _____

Phone number: _____

How did you hear about us? (Website, Facebook, Referral – list name so we can thank them!)

By signing this form, I am stating that the above information is correct.

Sign: _____ Date: _____



Patient Information

Pet's name: _____

Owner's name: _____

Pet's age/DOB: _____

Species (horse, dog, cat ect): _____

Breed: _____

Color: _____

Weight: _____

Circle one: Male Female

Spayed or Neutered: Yes No

Medical Information:

Referring or Primary veterinarian: _____

Would you like reports sent to your veterinarian? Yes NO

Veterinarian's phone number: _____

Veterinarian's email address: _____

Reason for visit (ex: injury, lameness, wellness, ect)

List any other medical conditions

Any previous surgeries

Have radiographs or blood work been done in the last 12 months: Yes No

***If yes please have those records and any other pertinent medical records emailed to us at
info@thewellbalancedanimal.com***

Any previous adverse reaction or allergic reaction to any medications or vaccines: Yes No

List product and type of reaction if yes:

Any food allergies we should be aware of (please list)

Current medications/supplements (include name, dose (mg), and frequency)

Current treatments being done if any (ex: prescribed exercises, laser therapy, other)

Any behavior problems we need to be aware of (ex: fear, anxiety, aggression to people or other pets)

What are your goals for your pet in regards to chiropractic care and rehabilitation therapies

By signing this form, I am stating that I have supplied the above information to The Well Balanced Animal for the treatment of my pet and to the best of my knowledge the above information is correct.

Sign: _____ *Date:* _____