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RSA

Doctor of Chiropractic, Certified in Animal Chiropractic by the International Veterinary Chiropractic
Association

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NEW PATIENT INTAKE FORM FOR ANIMAL CHIROPRACTIC CARE

Client (Your) Name: _____

Date: ____/____/____

Home Address: _____

Mailing Address: _____

Home Phone Number: (____) _____ - _____

Cell Phone Number: (____) _____ - _____

Email: _____

Referred by: _____

Preferred method of communication for reminders and updates: _____

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Patient (Animal) Name: _____

Male____ Female____ Intact (Y / N) Age: ____ Date of Birth: ____/____/____

Species: _____ Breed: _____ Color: _____

Weight: ____lbs. Height: ____ (hands)

Veterinarian and Vet Clinic: _____

Description/markings on animal: _____

Temperament of animal (1=very calm and friendly/10=very aggressive; explain):

Any triggers/fears: _____

Reason for seeking chiropractic care: _____

How did the problem occur and what date? _____

What makes the problem better or worse? _____

How would you rate your animals' pain on a scale of 0-10 (0 being no pain, 10 emergency level pain)? How does your animal show their pain (strange sounds, pacing, heavy breathing etc)?_____

Any recent diagnostics (bloods, MRI, x-rays): _____

Trauma or Surgery & date: _____

Other Health Problems/Concerns: _____

Any changes in bowel habits or water intake: _____

Any Recent Changes in Behavior: (if so explain)_____

Condition/Illness: (if so , please list the Clinics or Doctors seen for this condition(s), last time seen, and diagnosis):

Description of Diet (also list known allergies), frequency and amount:_____

Medications:

Supplements:

Use/Job of animal:

Amount of exercise, type and duration: _____

Previous Chiropractic/ PT/ Rehab Care: (name of Doctor and dates):

Additional Relevant Information:

Liability Agreement

Please initial each line to indicate that you have read and understood the information below:

_____ I understand that by signing this I agree that I have disclosed all known issues about my animal to Dr Broadhurst and believe that there are no underlying issues that I have not presented.

_____ I understand that Dr Broadhurst is not a Doctor of Veterinary medicine and therefore I do not expect her to practice general veterinary medicine.

_____ I have documented any behavioral issues that my animal may have towards people or other animals.

_____ I understand and agree that Dr Broadhurst will not be held liable for any problems that may arise in the future and with the understanding that they are animals and are unpredictable, I hereby release Dr Broadhurst from any liability of any kind whatsoever in regards to my animals attendance and participation under Dr Broadhurst's care.

_____ I understand that I am solely responsible for any harm caused by my animal to any other animal or person or property while under Dr Broadhurst's care. This includes any financial obligation that may result due to my animals' behavior.

_____ I understand and agree that I am responsible for paying 100% of the cost of a scheduled appointment if I cancel less than 24 hours' notice.

_____ Yes _____ No I grant Dr Broadhurst the right to take photographs or video of me and my animal. I authorize Dr Broadhurst to copyright, use and publish these in print or electronically. I agree that Dr Broadhurst may use such images with or without my name and for any lawful purpose including publicity, illustration, advertising or web/online content, webinars etc.

I agree and realize that there are certain risks that are associated with Chiropractic care, these have been explained to me and I understand them. I agree to release Dr Broadhurst from any liability arising due to unforeseen consequences of care and hereby waive any and all claims that may arise.

I certify that I have read and understood this agreement and that the information set forth above is true and correct. I agree to all the terms, statements and conditions of this agreement.

Signature: _____ Date: _____