



CONFIDENTIAL CASE HISTORY

Name: _____ Patient Name: _____
Address: _____ City: _____
Province _____ Postal Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Referred By: _____

Species: _____ Breed: _____
Age: _____ Sex: _____ Use: _____
Veterinarian: _____
Clinic: _____
Other: _____

Owners Complaint: _____

Location Of Problem _____

Duration: _____

Onset: _____

Aggravated By: _____

Relieved By: _____

Previous Diagnostic Work: _____

Previous Therapy & Results: _____

Other Symptoms: _____

**CHIROPRACTIC EXAMINATION AND
TREATMENT CONSENT FORM
(INCLUDING CONCURRENT CHIROPRACTIC TREATMENTS)**

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

- Dr. Kendra D. Brough is a Certified Doctor of Chiropractic, licensed in the care of humans. She has attended several hundred hours of education specific to Animal Chiropractic and has been certified in Animal Chiropractic by the American Veterinary Chiropractic Association.
- Dr. Kendra D. Brough, IS NOT a veterinarian, and cannot take responsibility for the primary care of my animal.
- 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 veterinary care.
- Dr. Kendra D. Brough 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 non-human animals through manipulation and adjustments of specific joints and cranial sutures... [Veterinary chiropractic care] DOES NOT include dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care."
- Dr. Kendra D. Brough 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.

I hereby authorize Towne Centre Family Chiropractic Clinic, and in particular, Dr. Kendra Brough, Doctor of Chiropractic, to treat my animal with Veterinary Chiropractic. I certify that my animal has had regular, traditional veterinary care, and is now concurrently being treated by:

Veterinarian: _____ Phone #: _____

I also certify that I have been open and honest with Dr. Kendra Brough as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animals' conditions.

I have read and understand this treatment authorization form, and I have also had an opportunity to ask questions about its contents, and by signing below I agree to the above-named procedures for my animal. I intend this consent form to cover the entire course of my animals' care for its present condition, and for any further conditions for which I seek treatment for my animal.

Client Name: _____ Patient Name: _____

Signed: _____ Witness: _____

Date: _____