



New Patient Intake Form

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Doctor of Chiropractic · Certified in Animal Chiropractic by the International Veterinary Chiropractic Association · Certified Canine Rehabilitation Practitioner

ABOUT YOU

YOUR NAME

DATE

HOME ADDRESS

MAILING ADDRESS (IF DIFFERENT)

CELL PHONE

HOME PHONE

EMAIL

REFERRED BY

MAY WE TEXT AND EMAIL YOU? (REMINDERS, NEWSLETTER, UPDATES)

ABOUT YOUR PET

PET'S NAME

SEX

INTACT? (Y / N)

AGE

DATE OF BIRTH

SPECIES

BREED

COLOR

WEIGHT (LBS)

VETERINARIAN AND VET CLINIC

TEMPERAMENT

1 = very calm and friendly · 10 = very aggressive. Please give a number and explain.

ANY TRIGGERS OR FEARS

WHY YOU'RE HERE

REASON FOR SEEKING CHIROPRACTIC CARE

HOW DID THE PROBLEM OCCUR, AND ON WHAT DATE?

WHAT MAKES THE PROBLEM BETTER OR WORSE?

HOW WOULD YOU RATE YOUR PET'S PAIN?

0 = no pain · 10 = emergency level pain

HOW DOES YOUR PET SHOW PAIN? (SOUNDS, PACING, HEAVY BREATHING, ETC.)

MEDICAL HISTORY

ANY RECENT DIAGNOSTICS (BLOODS, MRI, X-RAYS)

TRAUMA OR SURGERY, AND DATE

OTHER HEALTH PROBLEMS, CONCERNS OR ILLNESSES

If so, please list the clinics or doctors seen for this condition, when they were last seen, and the diagnosis.

ANY RECENT CHANGES IN BEHAVIOR

DAILY LIFE

DIET — DESCRIPTION, KNOWN ALLERGIES, FREQUENCY AND AMOUNT

MEDICATIONS AND SUPPLEMENTS

USE OR JOB OF YOUR PET

EXERCISE — AMOUNT, TYPE AND DURATION

PREVIOUS CHIROPRACTIC, PT OR REHAB CARE

Name of doctor and dates.

ADDITIONAL RELEVANT INFORMATION

INFORMED CONSENT AND RELEASE

Please initial each line to confirm you have read and understood it.

INITIAL	I understand that by signing this I agree that I have disclosed all known issues about my animal to Rehab 4 Pets and believe that there are no underlying issues that I have not presented.
INITIAL	I understand that Dr. Broadhurst and none of her staff are Doctors of Veterinary Medicine and therefore I do not expect her or her staff to practice general veterinary medicine.
INITIAL	I have documented any behavioral issues that my animal may have towards people or other animals.
INITIAL	I understand and agree that Rehab 4 Pets 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 Rehab 4 Pets from any liability of any kind whatsoever with regards to my animal's attendance and participation under Rehab 4 Pets' care.
INITIAL	I understand that I am solely responsible for any harm caused by my animal to any other animal or person or property while under Rehab 4 Pets' care. This includes any financial obligation that may result due to my animal's behavior.
INITIAL	I understand and agree that I am responsible for paying 100% of the cost of a scheduled appointment if I cancel with less than 48 business hours' notice.
YES / NO	I grant Rehab 4 Pets the right to take photographs or video of me and my animal. I authorize Rehab 4 Pets to copyright, use and publish these in print or electronically. I agree that Rehab 4 Pets may use such images with or without my name and for any lawful purpose including publicity, illustration, advertising or web/online content, webinars etc.
INITIAL	I hereby allow Rehab 4 Pets and my referring vet to share any and all records so they can better collaborate on my animal's treatment. I allow Rehab 4 Pets to share records with any and all members of my animal care team (trainers, massage therapists, groomers, etc.). I hereby also allow use of my pet's health information for research purposes to advance the field of animal chiropractic.
INITIAL	I understand that Rehab 4 Pets is not a contracted provider with any insurance companies. My insurance policy is a relationship between myself and my insurer. Upon each service I will be provided a detailed receipt that I may use for my own submission to my insurer. I understand there is no guarantee of reimbursement for services rendered, and I do not hold Rehab 4 Pets responsible for providing any records or receipts to my insurance company, as they have provided them to me directly.
INITIAL	I agree and realize that there are certain risks associated with alternative medicine; these have been explained to me and I understand them. I agree to release Rehab 4 Pets 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.

Texas Administrative Code (573.14) — Alternative Therapies. Chiropractic and other forms of musculoskeletal manipulation may be performed by a licensed veterinarian, a non-veterinarian employee or an independent contractor. Animal chiropractic and MSM may be performed under the following conditions: a valid veterinarian / client / patient relationship has been established as defined by the Act; an examination has been made by the licensee to determine that animal chiropractic / MSM will not likely be harmful to the patient; and the licensee obtains, as part of the patient's permanent record, a signed acknowledgement by the owner or caretaker that animal chiropractic is considered by Texas law to be alternative therapy. A non-veterinarian employee or independent contractor may perform these procedures under the direct or general supervision of the veterinarian.

INITIAL	As the owner of _____, I have been made aware that animal chiropractic / musculoskeletal manipulation is considered by Texas law to be an alternative therapy, and that acupuncture is an alternative therapy in veterinary medicine, and I approve its use in my patient. I have been made aware of the conventional treatments available and their probable ability to cure the problem.
INITIAL	I do hereby authorize consent to treatment by Rehab 4 Pets for my pet's injury or condition. I have been informed of the options and attending risks of hospitalization and treatment and understand the services stated. I acknowledge that I have provided Rehab 4 Pets with the necessary information requested. I agree to indemnify and hold Rehab 4 Pets harmless from and against any and all liability arising out of the performance of any procedures or treatment plans that will be performed, or any adverse reactions occurring due to my nondisclosure of information.

SIGNATURE

DATE

Before your first visit. Texas requires a veterinary referral before rehabilitation care can begin — your own veterinarian completes that separate form. Bring this one with you, or email it ahead to info@rehab4pets.com. Anything you are unsure of, leave blank and we will go through it together.