

Animal Health History

Today's Date: _____

ANIMAL'S PERSONAL DATA

Name of Animal: _____

Gender: ___ M ___ F

Age: _____

Type or Breed: _____

From what age have you owned your animal? _____

REASON FOR SEEKING CHIROPRACTIC CARE

What concerns do you feel Westwood Family Chiropractic can address for you?

Are these concerns affecting your animal's quality of life?

Walking: Y N Eating: Y N

Running: Y N Sleeping: Y N

Sitting: Y N Playing: Y N

List all pertinent history: _____

Has your animal had any surgeries, accidents or injuries? _____

HEALTH CARE PRACTITIONER HISTORY

Veterinarian's Name: _____

Address: _____ City: _____ State/Zip: _____

Phone Number: (_____) _____

Have you consulted or do you regularly consult with any other providers for your animal?

Owner Information

Name of Owner: _____

Address: _____ City: _____ State/Zip: _____

Home phone: (_____) _____ Cell Phone: (_____) _____

E-mail address: _____

Whom may we thank for referring you to our office? _____

INFORMATION & AGREEMENTS FOR CARE OF ANIMALS

The primary system in the body which coordinates health is the **nerve system**. The vertebrae, bones of the spinal column, surround and protect the delicate nerve system. Injury to the spine and nerve system is a condition called **vertebral subluxation**. Vertebral subluxation results in nerve malfunction due to vertebral/spinal misalignment. Vertebral subluxations can have physical, emotional and chemical causes and effects.

There is no certification or licensing board for the practice of chiropractic with animals. There is extensive instruction relative to care for animals throughout the chiropractic profession. Our interests are to offer a humanitarian service to allow animals to be free of vertebral subluxations.

We do not diagnose, treat or offer a cure for any disease. We do not, in any way replace a veterinarian or claim to offer recommendation or referral for any health condition.

The professional service of our office is primarily for humans. As such, we ask your cooperation with the following:

- Animal adjustments are offered on **Monday or Fridays at 12:30 pm** and on **Monday or Wednesday evenings at 6:45 pm**. You may be asked to wait until the last person in the office has been cared for. Please note any schedule changes at the front desk or on our website.
- When you arrive please keep your pet in your car and come into the office and let our staff know that you are here. They will instruct you as to where and how soon you will be seen.
- Please do not bring your pet inside of the office. You may wait outside in the parking lot. Smaller animals may wait on the front deck or in the outer vestibule.
- Please understand some people do not like animals or are fearful of them. Keep your pet under complete control. Please be attentive to the concern of others and of other animals here for care. In the same regard, many children in our practice love to pet the animals. If you have a concern, please tell us.
- Should your animal need to relieve him/her self, please have him/her do so on the outskirts of our property in wooded area. Please be respectful of our landscaping. We have a "pooper-scooper" available near the front steps if you require one.
- We have a unique practice. Even within the chiropractic profession, our intent and purpose is unique. As such, we require that you become informed about our service. Please schedule one Self Care Workshop (SCW) early on in your animal's care. These workshops are held here on select **Wednesday evenings** from **7:00–8:00 pm**. Dates are available at our front desk.

FINANCES

In exchange for the care of your animal, the first visit is **\$200.00**. Please make your check payable to Peter Kevorkian.

Thereafter, we ask that you make an occasional cash/check contribution to "Sherman College". Please hand your contributions to Dr. Peter.

I understand and agree to all of the terms stated above.

Owner's Name: (printed) _____ Date: _____

Signature: _____

CONSENT FORM

Please Read and Sign

1. I have been informed that a copy of Westwood Family Chiropractic's "Notice of Privacy Practices for Protected Health Information (HIPAA)" brochure is available for my review both in the office and on the website at www.westwoodfamilychiropractic.com.
2. I consent to receive communication from WFC via email, postal mail, text and telephone messaging in connection with my animal's care. If I should withdraw my consent, I will notify the office in writing.
3. I consent to my and my animal's name (first name, last initial) being posted on the Referral Board when I refer a new patient to WFC. If I should withdraw my consent, I will notify the office in writing.
4. I consent to my testimonial being used in office and electronically with my first name and last initial only. If I should withdraw my consent, I will notify the office in writing.
5. I consent to my and my animal's photo or image being used in photograph or video in public media including social media, website, promotional materials. If I should withdraw my consent, I will notify the office in writing.
6. I agree that I am responsible to pay for all services my animal receives in this office.

Owner's Name: (printed) _____ Date: _____

Signature: _____

Please note below any withdrawal of consent to any of the above statements:

Signature: _____ Date: _____

Welcome to Westwood Family Chiropractic!