



Welcome

We are very happy to be part of your health & wellness!

New Client History Form | Large Animal

Today's date _____

Owner Name _____

Address _____

Home Phone _____ Cell Phone _____

Email address _____

Horse's Name _____ DOB or age _____

Gender ☐ M ☐ F Spayed / Gelded ☐ Y ☐ N Species _____

Breed _____ Height _____ Color _____

Facility/farm name _____ Trainer name _____

Address _____ Board type: ☐ Inside ☐ Stall outside ☐ Pasture

Your pet's current condition

Primary Complaint _____

How did the problem begin? _____

Does your pet seem in pain? ☐ Y ☐ N Does the pain occur: ☐ Constantly ☐ Frequently ☐ Occasionally

Do you feel the problem is: ☐ Getting better ☐ Not Changing ☐ Getting Worse

Has your pet had a condition like this in the past? ☐ Y ☐ N Does the current episode seem: ☐ Similar ☐ Different

Past treatments for this condition: _____

Have you seen anyone else for this complaint? ☐ Y ☐ N What treatment did you receive? _____

Review of Systems

Does your pet have problems with any of the following? ☐ Bending right or left ☐ Lifting legs ☐ Saddling

☐ Tightening girth/cinch ☐ Laying down/getting up ☐ Digestion/elimination

When are signs the worst? ☐ Morning ☐ Late in the day ☐ During activity ☐ After activity ☐ After rest ☐ Same all the time

Does your pet have problems with any of the following? ☐ Walking ☐ Trotting ☐ Canter/lope ☐ Galloping

☐ Backing up ☐ Circling ☐ Gaited horse specialty gate

If yes, please explain _____

General History

Diet type _____ Amount fed daily _____

Typical daily activities _____

What type of work do they do? _____ How often? _____

Current medications, dietary supplements, vitamins, herbal therapies _____

Other medical history _____

Past injections? ☐ Y ☐ N Side: ☐ Right ☐ Left ☐ Both Where: ☐ Hocks ☐ Stifles ☐ Other

Does your pet have a past history of cancer? ☐ Y ☐ N Please describe _____

Misc _____

New Client Consent Form

Chiropractic examination and treatment consent form & client verification of concurrent traditional veterinary care

I, owner of the animal described below, and being 18 years of age or older, do understand, substantiate and authorize the following:

1. Dr. Jessica Herbert is a Doctor of Chiropractic. She has attended 226+ hours of post graduate education specific to veterinary spinal manipulation and is a member of the College of Animal Chiropractors.
2. Dr. Jessica Herbert is NOT a Veterinarian and cannot take responsibility for the primary care of my animal.
3. Chiropractic care is NOT intended to replace traditional veterinary care, but is considered a 'Complimentary Therapy' to be used concurrently and in conjunction with my veterinarians care and recommendations.
4. I understand that there is minimal research supporting the clinical efficacy of animal chiropractic and that some aspects of my animals care may be used in future data.
5. Dr. Jessica Herbert has explained to me the scope of her care and described the procedures she will perform on my animal. I understand those procedures and acknowledge that they agree with the American Veterinary Medical Association's (AVMA) description of veterinary spinal manipulative therapy or animal chiropractic:

'Veterinary Chiropractic is the examination, diagnosis and treatment of non-human animals through manipulation and adjustments of specific joints. The term 'Veterinary Chiropractic' should not be interpreted to include dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care. While sufficient research exists documenting efficacy of chiropractic in humans, research in veterinary chiropractic is limited. Sufficient clinical and anecdotal evidence exists to indicate veterinary chiropractic can be beneficial. It is recommended that further research be conducted in veterinary chiropractic to evaluate efficacy, indications and limitations. The assurance of education in veterinary chiropractic is central to the ability of the veterinary profession to provide this service. Veterinary chiropractic should be performed by licensed veterinarians; however, at this time, some areas of the country do not have adequate supply of veterinarians educated in veterinary chiropractic. Therefore, it is recommended that, where the states practice acts permit, licensed chiropractors educated in veterinary chiropractic be allowed to practice this modality under the supervision of, or referral by, a licensed veterinarian who is providing concurrent care.'

6. Dr. Jessica Herbert has explained the risks involved with the 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 outcome of any procedure.

I hereby authorize Dr. Jessica Herbert, DC, CVSMT to treat my animal with veterinary spinal manipulative treatment – animal chiropractic care. I certify that my animal has had routine, traditional veterinary care.

My current veterinarian is:

Vet Clinic/Hospital _____

Veterinarian (if your pet sees a specific doctor) _____

I certify that I have been open and honest with Dr. Jessica Herbert as to any and all other examinations, diagnostic tests, diagnoses and treatments for my animals conditions. I have read this authorization form, understand it, and give my consent to treatment.

Patient (animal) Name _____ **Date** _____

Owner's Name _____ **Signature** _____

_____ By initialing here, I consent for my pets photo to be shared on social media. Thank you!