



Dr. Sarah Heath, DC

Animal and Human Chiropractor

Phone: 519-788-8435

Email: dr.heath.chiropractic@gmail.com

Owner Information:

Name:	Email:	Phone #:
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Patient information

Name:	D.O.B.	Breed: _____ Colour:
Sex:	U.T. D on Vaccines? YES/NO	Boarding Location:

Primary Veterinarian Information

Clinic:	Doctor:	Phone#:
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Permission to contact vet regarding your animals case? YES/NO

Patient History

Discipline:	Frequency of Exercise: _____ /week
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Show Circuit:	Division:	Next Show Date:
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Previous Injuries:	Date of injury:
_____	_____
_____	_____
_____	_____

Pervious Surgeries? YES/NO	Type:	When:
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Known Medical Conditions/Health Concerns:

Previous Diagnostic Imaging/Tests:	Dates:	Results:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Medication/Supplements:	Type: Type: Type: Type:	Dose: Dose: Dose: Dose:
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Pervious Chiropractic Care? YES/NO	By Who:	Reason for Treatment:
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Current Reason for Seeking Treatment:

Goals with Treatment:

Currently Receiving Other Treatment? YES/NO	Type:
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Credit Card Information

Name on Card:	Card Number:	Expiration Date:
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I hereby acknowledge that there is a 48-hour cancellation policy. Appointments cancelled within 48-hours will be charged a cancellation fee of 50% of your appointment fee.

*Exceptions for emergency situations will be considered. If you need to change or cancel your appointment, please email me at dr.heath.chiropractic@gmail.com.