



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:	Spayed/Neutered?	U.T.D. On Vaccines? YES/NO

**Primary Veterinarian Information**

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

**Patient History**

Frequency of Exercise:	Type of Exercise:
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Sport:	Next Competition 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](mailto:dr.heath.chiropractic@gmail.com).