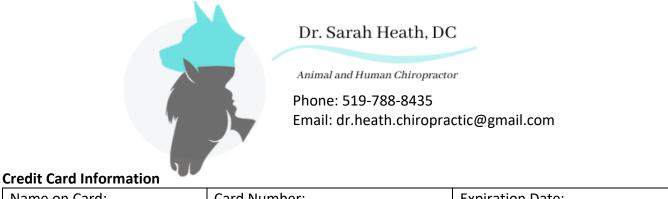
Dr. Sarah Heath, DC

Animal and Human Chiropractor

Phone: 519-788-8435 Email: dr.heath.chiropractic@gmail.com

Owner	Information:
• • • • • • •	

Name:	Email:	Phone #:		
Patient information				
Name:	D.O.B.	Breed:		
		Colour:		
Sex:	Spayed/Neutered?	U.T.D. On Vaccines?		
		YES/NO		
Primary Veterinarian Informa	tion			
Clinic:	Doctor:	Phone#:		
Permission to contact vet reg	arding your animals case? YES/NO			
Patient History				
Frequency of Exercise:	Type of Exercise:			
Sport:	Next Competition Date:			
Previous Injuries:	· · ·	Date of injury:		
Pervious Surgeries? YES/NO	Туре:	When:		
Known Medical Conditions/H	ealth Concerns:			
Previous Diagnostic	Dates:	Results:		
Imaging/Tests:				
		Datas		
Current Medication/	Туре:	Dose: Dose:		
Supplements:	Туре:	Dose:		
	Туре: Туре	Dose:		
Pervious Chiropractic Care?	By Who:	Reason for Treatment:		
YES/NO				
	Current Reason for Seeking Treatment:			
-				
Goals with Treatment:				
Currently Receiving Other Treatment? YES/NO Type:				



Name on Card:	Card Number:	Expiration Date:	

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.