

LEVERENZ FAMILY CHIROPRACTIC

Animal Chiropractic – New Patient Intake Form

Date: _____

OWNER & PATIENT INFORMATION

Owner Name: _____ Animal Name: _____
Address: _____
City / State / ZIP: _____
Phone: _____ Email: _____
Animal Birthdate: _____ Age: _____

ANIMAL SIGNALMENT

Breed: _____ Color: _____
Sex: _____
Tattoos / Microchip / Brand: _____

Reproductive Status:

Intact

Spayed / Neutered

CASE HISTORY

Describe the animal's typical daily activity, environment, and movement patterns:

Does the animal have a specific job or role (e.g., working, sport, performance, service)? If yes, please describe:

Past surgeries, injuries, or significant medical events:

History of visceral or systemic disorders (if any):

Current medications, supplements, or nutritional therapies (include purpose):

Previous chiropractic or manual therapy care and response:

Is there anything else you would like us to know about your animal?

OWNER-REPORTED MOVEMENT OBSERVATIONS

- Stiffness
- Asymmetrical gait
- Behavioral changes
- Reluctance to move or jump
- Decreased performance or endurance
- No concerns noted

PRESENTING COMPLAINT

Primary reason for seeking care (chief complaint):

Onset of the condition:

Duration of symptoms:

Symptom progression:

- Improving
- Unchanged
- Worsening

Has the animal been evaluated by a veterinarian for this condition?

- Yes
- No

If yes, please summarize the veterinarian’s findings or recommendations:

Owner goals and expectations for chiropractic care:

PRIMARY VETERINARIAN

Veterinarian: _____

I authorize Leverenz Family Chiropractic to communicate with my animal’s veterinarian regarding findings and care when appropriate.

I certify that the information provided above is accurate and complete to the best of my knowledge.

Owner Signature: _____ Date: _____