

DENVER CENTRAL CHIROPRACTIC

PEOPLE | PETS

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**ANIMAL CHIROPRACTIC NEW PATIENT INTAKE FORM**

Owner's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
 Male  Female  
 Neutered  Spayed

Date of Birth: \_\_\_\_\_ Species: Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_ Breed: \_\_\_\_\_

Number of pets in your household: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

History of any major health problems or surgeries: \_\_\_\_\_

Has your pet been diagnosed with any condition or illness: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Current Supplements: \_\_\_\_\_

Recent change in behavior? If so, describe: \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_ When did the problem start? \_\_\_\_\_

Has your pet experienced this in the past? \_\_\_\_\_ What was the outcome? \_\_\_\_\_

Is the problem getting worse, staying the same, getting better, constant, intermittent, unknown? \_\_\_\_\_

What makes the problem worse? \_\_\_\_\_ What makes the problem better? \_\_\_\_\_

What things have you tried to resolve the problem? \_\_\_\_\_ Did they work? \_\_\_\_\_

Can you think of anything that would have caused this problem? \_\_\_\_\_

What is your expectation for today's visit: \_\_\_\_\_

**CHIROPRACTIC EXAMINATION & 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. Erin Moran is a Doctor of Chiropractic. She has attended several hundred hours of education specific to animal chiropractic, and has been board certified by the International Veterinary Chiropractic Association.
  2. Dr. Erin Moran 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 veterinarian's care.
  4. I understand that there is minimal research supporting the clinical efficacy of Animal Chiropractic, and that some aspects of my animal's care may be used in future data.
  5. Dr. Erin Moran has explained to me the scope of her care, and described the procedures she will perform on my animal.
  6. Dr. Erin Moran has explained the risks involved with 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 the outcome of any procedure.

I hereby authorize Denver Central Chiropractic, and in particular, Dr. Erin Moran, chiropractic physician, to treat my animal with animal chiropractic. I certify that my animal has had routine, traditional veterinary care, and my current veterinarian is:

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Veterinarian (if your pet sees a specific doctor): \_\_\_\_\_

I certify that I have been open and honest with Dr. Erin Moran as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animal's conditions. I have read this authorization form, understand it, and give my consent.

Patient (Animal) Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPROVAL FOR USE OF ANIMAL'S CASE

Animals have been getting adjusted since chiropractic began in 1895. However, it wasn't until the 1980s when this method of healthcare underwent a revival and began being recognized by the American Veterinary Medical Association as a complementary therapy for animals. Today there are over 1,000 certified animal chiropractors throughout the world. While many people have found that the benefits of animal chiropractic have helped their pet, animal chiropractic lacks the amount of research that "people chiropractic" has. We would like to ask your approval, should we decide to use your pet's case, for our continued efforts in providing research in animal chiropractic.

Please choose **ONE** of the followings

\_\_\_\_\_ **YES** You may use any or all of my pet's case for your needs, such as chiropractic case studies, posting patient cases online (website, social media, etc.), or for use in educational purposes in animal chiropractic seminars. (Last name will never be used.)

\_\_\_\_\_ **LIMITED** You may use my pet's case for chiropractic case studies **ONLY**.

\_\_\_\_\_ **NO** You may NOT use my pet's case for any of the above mentioned.

Patient (Animal) Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_