



Dr. Teresa K. Melton
Whole Family Care for People & Pets

Animal Chiropractic
Phone: 815-739-4867 Fax: 815-895-2329
www.allergiesachesandpains.com

New Client History and Information

Owner Contact Information:

Name: _____ Date _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Can we text you: _____ Yes _____ No E-mail: _____

How were you referred to us? _____

Veterinarian: _____

Veterinary Practice Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Vet Phone: _____ Vet Fax: _____

Animal Information:

Animal's Name: _____ Age: _____

Species: _____ **Horse** _____ Gelding _____ Mare _____ Stud

_____ **Dog** _____ Spay _____ Neuter _____ Intact

_____ **Cat** _____ Spay _____ Neuter _____ Intact

_____ **Other** _____

Breed: _____ Color: _____ Markings: _____

Does your animal bite? _____ Yes _____ No Does your animal kick? _____ Yes _____ No

Reason for seeking Chiropractic care: _____

History of any major health problems/past surgeries: _____

Recent Change in behavior? If so, describe: _____

If animal has a condition or illness, list other doctors seen and previous diagnosis: _____

What are your goals for Chiropractic care? _____

Medications? _____ Yes _____ No If so, what? _____

Supplements? _____ Yes _____ No If so, what? _____

What is this animal's diet? _____

Any additional Comments: _____

**CHIROPRACTIC EXAMINATION & TREATMENT CONSENT FORM
AND CLIENT VERIFICATION OF CONCURRENT TRADITIONAL VETERINARY CARE**

I, owner of the animal described above, as being 18 years of age or older,
do understand, substantiate, and authorize the following:

1. Dr. Teresa K. Melton is a Doctor of Chiropractic, licensed Chiropractic Physician and Acupuncturist in the state of Illinois, for the care of humans. She has attended hundreds of hours of education specific to Animal Chiropractic, completing her Animal Chiropractic training through Health Pioneers Institute.
2. Dr. Teresa K. Melton 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. Dr. Teresa K. Melton has explained 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 Dr. Teresa K. Melton, Chiropractic Physician, to treat my animal with Animal Chiropractic. I certify that my animal has had routine, and traditional veterinary care. I certify that I have been open and honest with Dr. Melton as to any and all other examinations, diagnostic tests, diagnoses, and treatment for my animal's conditions. I have read this authorization form, understand it, and give my consent:

Signed: _____ Date: _____