BAR·K CHIROPRACTIC
EQUINE AND CANINE SERVICES

Canine Intake Form

PATIENT INFORMATION

Dog's Name:					
Breed / Colour:					Age:
Gender:	Male	Female	Intact?	Yes / No	Weight:
Owner's Name:					
Owner's Phone:			Email:		
Address:					
Town / City:				Postal Code:	
Veterinarian Name:					
Barn Address (If Different):					

HEALTH HISTORY

Complaint / Concern:
Location:
When and How Did It Start?
What Makes It Worse / Better?
Is It Improving or Getting Worse?
Any Major Injuries or Diagnoses? (eg Arthritis, IVDD, Cancers, etc)
Any Neurological Conditions (eg Cushings)?
Seen Any Other Practitioners? Vet Chiro Massage Osteopath Bodyworker If so, who?
Vaccinations:

Brian Boisvert DC cAVCA · 266 - 7620 Elbow Dr SW, Calgary, AB T2V1K2 · 403.669.2013 · brian@bar-k.ca