

# Dr. Faherty New Client / Patient Registration

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

## Pet Information

Name: \_\_\_\_\_ Age? \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Breed: \_\_\_\_\_ Use of Animal: \_\_\_\_\_

Previous Animal Chiropractic Care? Yes / No By Whom? \_\_\_\_\_

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

\_\_\_\_\_ How long? \_\_\_\_\_

## Owner Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, St., Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_

## Medical History

Previous Surgeries: \_\_\_\_\_ When? \_\_\_\_\_

Major Health Problems / Injuries: \_\_\_\_\_

Purpose of Appointment Today: \_\_\_\_\_

Major Complaints:

1. \_\_\_\_\_ How Long? \_\_\_\_\_

2. \_\_\_\_\_ How Long? \_\_\_\_\_

Is Condition (circle one)?    Getting Worse    Staying Same    Getting Better

What aggravates the above complaints? \_\_\_\_\_

Recent Changes in Behavior? \_\_\_\_\_

Has Pet Seen Other Doctors for These Conditions? \_\_\_\_\_

Previous Diagnoses for These Conditions? \_\_\_\_\_

Results? Additional Notes? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_