

FULL MOTION FAMILY CHIROPRACTIC – FOR ANIMALS

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NEW CLIENT HISTORY FORM		Date:	
Owner Name:			
Address:			
Home Phone:		Cell Phone:	
Email:			
Pets Name:		DOB: _____ or Age: _____ Month / Year	
Gender: MALE FEMALE		Spayed/Neutered: YES NO	
Species:		Breed:	
Weight:		Color:	

YOUR PETS CURRENT CONDITION:			
Primary complaint:			
How did the problem begin:			
Does your pet seem painful? YES NO		Is the pain: CONSTANT FEQUENT OCCASIONALLY	
Do you feel the problem is: Getting better Not changing Getting worse			
Has your pet had a condition like this in the past? YES NO		Does the current episode seem: SIMILAR or DIFFERENT	
Past treatments for this condition:			
Have you seen anyone else for this complaint? YES NO		What treatment did you receive?	

REVIEW OF SYSTEMS:					
Does your pet have problems with any of the following?			When are signs the worst?		
Slippery surfaces	YES	NO	First thing in the morning	YES	NO
Uneven surfaces	YES	NO	Late in the day	YES	NO
Mild inclines	YES	NO	During activity	YES	NO
Short walks	YES	NO	After activity	YES	NO
Stairs	YES	NO	After rest	YES	NO
Posturing for urination	YES	NO	Same all the time	YES	NO
Posturing for defecation	YES	NO			
Accidents	YES	NO			
Does your pet have problems with any of the following?			If yes, please explain:		
Sitting down	YES	NO			
Laying down	YES	NO			
Standing up	YES	NO			
Eating	YES	NO			
Drinking	YES	NO			
Cleaning themselves	YES	NO			
Walking	YES	NO			
Running	YES	NO			
Jumping up	YES	NO			
Jumping down	YES	NO			

GENERAL HISTORY:	
Diet type:	Amount fed daily:
Pets usual daily activities:	
Has your pet had behavioral changes recently?	
Have you noticed any irritability in your pet? If so, when and why?	
Has your pet ever demonstrated aggressive behavior?	
Current Medications:	
Current dietary supplements, vitamins, herbal therapies:	
Other medical history: (Seizures, heart conditions, respiratory conditions, surgeries, etc):	
Does your pet have a past history of cancer? Describe:	
MISC:	

NEW CLIENT CONSENT FORM

CHIROPRACTIC EXAMINATION AND 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. Jamie Mabeus is a Doctor of Chiropractic. She has attended 226+ hours of post graduate education specific to veterinary spinal manipulation and is a member of the American Veterinary Chiropractic Association. She has also attended 142+ hours of post graduate education specific veterinary massage and rehabilitation therapy.
2. Dr. Jamie Mabeus 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 veterinarians care and recommendations.
4. I understand that there is minimal research supporting the clinical efficacy of animal chiropractic and that some aspects of my animals care may be used in future data.
5. Dr. Jamie Mabeus has explained to me the scope of her care and described the procedures she will perform on my animal. I understand those procedures and acknowledge that they agree with the American Veterinary Medical Association's (AVMA) description of veterinary spinal manipulative therapy or animal chiropractic:

'Veterinary Chiropractic is the examination, diagnosis and treatment of non-human animals through manipulation and adjustments of specific joints. The term 'Veterinary Chiropractic' should not be interpreted to include dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care. While sufficient research exists documenting efficacy of chiropractic in humans, research in veterinary chiropractic is limited. Sufficient clinical and anecdotal evidence exists to indicate veterinary chiropractic can be beneficial. It is recommended that further research be conducted in veterinary chiropractic to evaluate efficacy, indications and limitations. The assurance of education in veterinary chiropractic is central to the ability of the veterinary profession to provide this service. Veterinary chiropractic should be performed by licensed veterinarians; however, at this time, some areas of the country do not have adequate supply of veterinarians educated in veterinary chiropractic. Therefore, it is recommended that, where the states practice acts permit, licensed chiropractors educated in veterinary chiropractic be allowed to practice this modality under the supervision of, or referral by, a licensed veterinarian who is providing concurrent care'.

6. Dr. Jamie Mabeus has explained the risks involved with the animal chiropractic care to my satisfaction, and I realize that there can be no guarantee as to the nature of my animals condition or outcome of any procedure.

I hereby authorize Dr. Jamie Mabeus, DC, CVSMT, CVMRT to treat my animal with veterinary spinal manipulative treatment – animal chiropractic care, Massage and/or Rehabilitation. I certify that my animal has had routine, traditional veterinary care. My current veterinarian is:

Vet Clinic/Hospital:

Veterinarian (if your pet sees a specific doctor):

I certify that I have been open and honest with Dr. Jamie Mabeus as to any and all other examinations, diagnostic tests, diagnoses and treatments for my animals conditions. I have read this authorization form, understand it, and give my consent to treatment.

Patient (animal) Name:

Date:

Owner's Name:

Signature: