

DR. JAMIE L. MABEUS, DC, CVSMT, CVMRT
 Certified Animal Chiropractor, Massage & Rehabilitation Therapist
 TEL: (262) 395-4015 FAX: (262) 649-3600
 www.chiropractorforanimals.com

NEW CLIENT HISTORY FORM		Date:	
Owner Name:			
Address:			
Home Phone:		Cell Phone:	
Email:			

PATIENT/ANIMAL INFORMATION:			
Horses Name:		DOB:	or Age: Month / Year
Gender: MALE FEMALE	Spayed/Gelded: YES NO		
Breed:		Color:	

BOARDING/TRAINING FACILITY:			
Farm Name:		Trainer Name:	
Address:			
Board Type: INSIDE/STALL OUTSIDE/PASTURE		Does your horse go out to pasture alone? YES NO	

YOUR HORSES CURRENT CONDITION:			
Primary complaint:			
How did the problem begin:			
Does your horse seem painful? YES NO		Is the pain: CONSTANT FEQUENT INTERMITTENT	
Do you feel the problem is: Getting better Not changing Getting worse			
Has your horse 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 horse have problems with any of the following?			When are signs the worst?		
Bending right	YES	NO	First thing in the morning	YES	NO
Bending left	YES	NO	Late in the day	YES	NO
Lifting legs	YES	NO	During activity	YES	NO
Saddling	YES	NO	After activity	YES	NO
Tightening girth/cinch	YES	NO	After rest	YES	NO
Laying down or getting up	YES	NO	Same all the time	YES	NO
When do you notice the problem the most?			If yes, please explain:		
Walking	YES	NO			
Trotting	YES	NO			
Canter/lope	YES	NO			
Galloping	YES	NO			
Backing	YES	NO			
Circling	YES	NO			
Gaited horse specialty gait	YES	NO			

GENERAL HISTORY:					
Diet type:			Amount fed daily:		
Horses usual daily activity:					
What type of work do they do:			How often are they worked:		
Current Medications:					
Current dietary supplements, vitamins, herbal therapies:					
Other medical history:					
Past Injections: YES NO		Side: RIGHT LEFT BOTH		Where: HOCKS STIFLES OTHER: _____	

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 education specific to veterinary spinal manipulation and is a member of the American Veterinary Chiropractic Association.
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, to treat my animal with veterinary spinal manipulative treatment – animal chiropractic care. 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.

Owners Name:

Patient (animal) Name:

Signature:

Date:
