

**Dr. Susan L. Shaw**  
*Shaw Chiropractic Care for Animals*  
8464 County Road 27, Barrie, Ontario, L4N 9C4  
705-716-5056 [info@shawchiropractic.ca](mailto:info@shawchiropractic.ca)

## **NEW ANIMAL PATIENT QUESTIONNAIRE**

Please complete the following questionnaire and either email it back to me prior to your pet's appointment or bring it with you to the appointment. Your answers will help determine if Chiropractic can help your pet. If I do not believe your pet's condition will respond satisfactorily I will not accept the case. Thank you.

**OWNER'S NAME(S):**

**ADDRESS:**

**CITY:**

**CELL PHONE:**

**POSTAL CODE:**

**ALTERNATE PHONE:**

**EMAIL:**

**HAVE YOU EVER RECEIVED CHIROPRACTIC CARE BEFORE?**

**PET'S NAME:**

**DATE OF BIRTH (DD/MM/YY):**

**BREED:**

**MALE:**

**FEMALE:**

**SPAYED/NEUTERED:**

**AT WHAT AGE?**

**HAS YOUR PET EVER RECEIVED CHIROPRACTIC CARE BEFORE?**

**VETERINARIAN'S NAME:**

**REFERRED TO THIS OFFICE BY:**

### **HEALTH INFORMATION ABOUT YOUR PET**

Please explain why you are bringing your pet in for chiropractic care (provide as much detail as possible and take as much space as you need):

**Has your pet had this or a similar condition in the past?**

**Have you seen your veterinarian about this condition? Were there any tests or treatment? Please explain:**

**Have you tried other treatments for your pet? Please explain:**

**Has your pet ever been injured or had an accident? Please explain:**

**Has your pet ever had surgery other than for spaying or neutering? Please explain:**

**List any medications or supplements you presently give your pet:**

**Is there anything else you feel Dr. Shaw should know about your pet?**

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## **CONSENT TO EXAMINATION & TREATMENT FOR ANIMAL CHIROPRACTIC CARE**

**Name of Owner:**

**Name and Date of Birth (DD/MM/YY) of Animal:**

Dr. Susan Shaw is a Doctor of Chiropractic, licensed to diagnose and treat neuromusculoskeletal disorders in humans. She has specialty training and certification in Animal Chiropractic which follows the standards as outlined by the Chiropractic governing body, the College of Chiropractors of Ontario.

Dr. Susan Shaw is not a Veterinarian and cannot take responsibility for the primary health care of the above-named animal. Chiropractic care is not intended to replace traditional veterinary care, but is considered an alternative therapy for animals to be used concurrently and in conjunction with a Veterinarian's care.

Chiropractic health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of the chiropractic procedures often depends on environment, underlying causes, physical and spinal conditions. The Chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problem. In rare cases underlying physical defects, deformities or pathologies may render the patient susceptible to injury. I do not expect the Doctor to be able to anticipate and explain all risks and complications. I wish to rely on the Doctor to exercise judgment during the course of the procedure which she feels at the time, based upon the facts then known, is in my pet's best interest. The Doctor will not give a chiropractic adjustment if she is aware that such care may be contra-indicated.

**I hereby authorize Dr. Susan Shaw to provide chiropractic care to my pet. I understand that I am responsible for all fees incurred by my pet at each visit. I have read this authorization form, understand it and give my consent.**

***Please sign this form when you meet with Dr. Shaw at your pet's initial visit.***

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**Client Signature**

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**Date**

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**Doctor Signature**