



Rebecca J. Ault, D.C., CCSP, C.A.C.  
3975 Cascades Blvd. Ste. 5  
Kent, OH 44240  
T:330.968.6256 F: 330.968.6348  
www.ohioanimalchiro.com

## Application for Care

Patient: \_\_\_\_\_ Male OR Female \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Current Complaint/Diagnosis: \_\_\_\_\_

Current Medications and Supplements: \_\_\_\_\_

### Past Health History

Previous Conditions/Injuries/Diagnoses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I certify that the information here has been filled out to the best of my knowledge. I understand that all of my pet's health information will be protected and that my personal information will not be used for marketing purposes. I also understand that cash payment for all services rendered is due at the time of service.*

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



## Chiropractic Examination & Treatment Consent Form, and Client Verification of Concurrent Traditional Veterinary Care

I, \_\_\_\_\_, owner of the animal described below, and being eighteen years of age or older, do understand, substantiate, and authorize the following:

1. Dr. Rebecca Ault is a Doctor of Chiropractic, licensed in the care of humans and certified in animal chiropractic. She has attended several hundred of hours of education, specific to Animal Chiropractic, and has been certified in Animal Chiropractic by the International Veterinary Chiropractic Association.
2. Dr. Rebecca Ault 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 an Alternative Therapy, to be used concurrently and in conjunction with my Veterinarian's care.

*I hereby authorize Ohio Animal Chiropractic, and in particular, Dr. Rebecca Ault, Chiropractic Physician, to treat my animal with Veterinary Chiropractic. I certify that my animal has had regular, traditional veterinary care, and is now concurrently being treated by:*

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

I also certify that I have been open and honest with Dr. Ault as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animal's conditions. I have read this authorization form, and understand it and give my consent.

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

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