



**Dr. Maria V. McElwee, DC**

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**NEW PATIENT INTAKE FORM FOR ANIMAL CHIROPRACTIC**

Client (Your) Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Referred by: \_\_\_\_\_

.....

Patient (Animal) Name: \_\_\_\_\_

Male\_\_\_\_ Female\_\_\_\_ Neuter/Spay( Y / N ) Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Species: Horse\_\_\_\_ Cow\_\_\_\_ Goat\_\_\_\_ Dog\_\_\_\_ Cat\_\_\_\_ Other:\_\_\_\_\_

Breed:\_\_\_\_\_ Color:\_\_\_\_\_ Weight: \_\_\_\_lbs. Height: \_\_\_\_ (hands)

Description/markings on animal: \_\_\_\_\_

Temperament of animal (1=very calm and friendly/10=very aggressive; explain):

Any triggers/fears: \_\_\_\_\_

Reason for seeking chiropractic care: \_\_\_\_\_

**Trauma or Surgery:** \_\_\_\_\_

**Health Problems/Concerns:** \_\_\_\_\_

**Any Recent Changes in Behavior: (if so explain)** \_\_\_\_\_

**Condition/Illness: (if so list Doctors seen for this condition(s), last time seen, and diagnosis):**

**Description of Diet (also list known allergies):** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Supplements:** \_\_\_\_\_

**Use/Job of animal:** \_\_\_\_\_

**Previous Chiropractic Care: (name of Doctor and dates):** \_\_\_\_\_

**Additional Information:**