



VALLEY RANCH
PET CLINIC
Integrative Medicine

Client (Your) Name: _____ Date: ____/____/____

Home Address:

Mailing Address:

Home Phone Number: (____) _____

Cell Phone Number: (____) _____

Email: _____

Preferred method of communication for reminders and updates: Email / Text / Phone Call

Referred by: _____

Veterinarian and Vet Clinic: _____

Patient (Animal) Name: _____ Male _____ Female _____ Intact (Y / N)

Age: _____ Date of Birth: ____/____/____

Species: _____ Breed: _____ Color: _____ Weight: _____ lbs.

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

Any triggers/fears:

Primary reason(s) for seeking integrative medicine & rehabilitation:

Any history of surgical procedures? What procedures and when were they performed?

How did the injury / issues occur and what date?

What makes the injury / issues better or worse?

How would you rate your animals' pain on a scale of 0-10 (0 being no pain, 10 emergency level pain)? How does your animal show their pain (strange sounds, pacing, heavy breathing etc.)?



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Any recent diagnostics (bloods, MRI, x-rays):

Other Health Problems/Concerns/Illnesses (if so, please list the Clinics or Doctors seen for this condition(s), last time seen, and diagnosis):

Any changes in bowel habits or water intake:

Any Recent Changes in Behavior: (if so explain)

Description of Diet (also list known allergies) (frequency and amount):

Medications, nutraceuticals and supplements (frequency of administration and strength) :

Activity level prior to injury? Use / job of animal?

Current activity level and living arrangement (kenneled, loose in house, etc.)?

Are there any other pets in the household? Does your pet play with them? How hard / how often?

Does your pet jump on and off furniture? Are they able to go up and down stairs? Any difficulties?



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Does your pet tend to favor or off load any of their limbs at any time? _____

How long are your pets' current walks? How quickly do they recover from their walks? _____

Previous Integrative Medicine Treatments: (name of Doctor and dates): _____

Additional Relevant Information: _____

Please initial each line to indicate that you have read and understood the information below:

_____ I understand that by signing this I agree that I have disclosed all known issues about my animal to VRPC and believe that there are no underlying issues that I have not presented.

_____ I understand that Dr Broadhurst is not a Doctor of Veterinary medicine and therefore I do not expect her to practice general veterinary medicine.

_____ I have documented any behavioral issues that my animal may have towards people or other animals.

_____ I understand and agree that VRPC will not be held liable for any problems that may arise in the future and with the understanding that they are animals and are unpredictable, I hereby release VRPC from any liability of any kind whatsoever with regards to my animal's attendance and participation under VRPC's care.

_____ I understand that I am solely responsible for any harm caused by my animal to any other animal or person or property while under VRPC's care. This includes any financial obligation that may result due to my animals' behavior.

_____ I understand and agree that I am responsible for paying 100% of the cost of a scheduled appointment if I cancel with less than 24 hours' notice.

_____ Yes _____ No I grant VRPC the right to take photographs or video of me and my animal. I authorize VRPC to copyright, use and publish these in print or electronically. I agree that VRPC may use such images with or without my name and for any lawful purpose including publicity, illustration, advertising or web/online content, webinars etc.

_____ I hereby allow VRPC and my referring vet to share any and all records so they can better collaborate on my animal's treatment. I allow VRPC to share records with any and all members of my animal care team (I.e.: trainers, massage therapists, groomers, etc.). I hereby also allow use of my pet's health information for research purposes to advance the field of animal chiropractic.

_____ I understand that VRPC is not a contracted provider with any insurance companies. My insurance policy is a relationship between myself and my insurer. Upon each service, I will be provided a detailed receipt that I may use for my own submission to my insurer. In submission, I understand there is no guarantee for reimbursement for services rendered and I do not hold VRPC responsible for providing any records or receipts to my insurance company as they have provided them to me, the owner, directly.



I agree and realize that there are certain risks that are associated with alternative medicine, these have been explained to me and I understand them. I agree to release VRPC from any liability arising due to unforeseen consequences of care and hereby waive any and all claims that may arise.

I certify that I have read and understood this agreement and that the information set forth above is true and correct. I agree to all the terms, statements and conditions of this agreement.

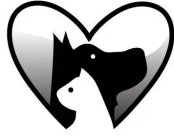
- 1. Texas Administrative Code (573.14) Alternative Therapies – Chiropractic and Other Forms of Musculoskeletal Manipulation.** May be performed by a licensed veterinarian, a non-veterinarian employee or independent contractor. Animal chiropractic and MSM may be performed under the following conditions: a valid veterinarian / client / patient relationship has been established as defined by the Act, an examination has been made by the licensee to determine that animal chiropractic / MSM will not likely be harmful to the patient, and the licensee obtains as a part of the patients permanent record a signed acknowledgement by the owner or other caretaker of the patient that animal chiropractic is considered by Texas law to be alternative therapy. A non-veterinarian employee or an independent contractor may perform these procedures on an animal under the “direct or general” supervision of the veterinarian.
- 2. Texas Administrative Code (573.16) Alternative Therapies – Acupuncture.** Only licensed veterinarians may use acupuncture in the care and medical treatment of animals. Prior to treatment a signed statement by animal’s owner or caretaker acknowledging that acupuncture is an alternate therapy in veterinary medicine and approving its use in the treatment of the animal. Before signing the statement, veterinarian shall inform client of the conventional treatments available and their probable ability to cure the problem. The statement shall become part of the patient’s record.

As the owner of _____, I have been made aware that animal chiropractic /musculoskeletal manipulation is considered by Texas law to be an alternative therapy.

As the owner of _____, I have been made aware that acupuncture is an alternative therapy in veterinary medicine, and I am approving its use in my patient. I have been made aware of the conventional treatments available and their probable ability to cure the problem.

CPR Authorization: All patients treated at Valley Ranch Pet Clinic will receive Cardiopulmonary Resuscitation (CPR) if deemed necessary by the attending doctor. Client will be contacted once the patient is stabilized and further treatment can be discussed. Initial: _____

I do hereby authorize consent to treatment by Valley Ranch Pet Clinic for my pet’s injury or condition. I have been informed of the options and attending risks of hospitalization and treatment and understand the services stated. I acknowledge that I have provided Valley Ranch Pet Clinic with the necessary information requested. I agree to indemnify and hold Valley Ranch Pet Clinic harmless from and against any and all liability arising out of the performance of any procedures/treatment plans that will be performed or any adverse reactions occurring due to my nondisclosure of information.



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Enjoyment of Life

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely Interferes

Ability to Rise to Standing from Lying Down

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely Interferes

Ability to Walk

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely Interferes

Ability to Run

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely Interferes

Ability to Climb (Stairs, Curbs, Etc.)

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely Interferes

Overall Impression:

Circle the one response that best describes your dog's overall quality of life over the last 7 days.

Poor Fair Good Very Good Excellent