

Unity Chiropractic, P.C.

Dr. Tricia A. Shaar, D.C.

OWNER & ANIMAL INTAKE

Owner Information:

Name _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Home Number _____ Cell Number _____

Best Daytime Phone Number _____ Best Evening Phone Number _____

Animal Information:

Animal's Name _____ Species: Dog Horse Other _____

Breed _____ Color _____ Birthdate/Age _____

Dog: Male Female Neutered Spayed At what age? _____

Horse: Stallion Mare Gelding Foal

Microchipped? Yes No At what age? _____

At what age was animal obtained? _____

Where did you get your animal? _____

In what State is the above organization, breeder, rescue, etc., located? _____

Horse Details:

Is horse? Stalled On Pasture Both

If stalled, is horse exercised daily? Yes No How many hours per day? _____

Does horse have? Stall Mates Pasture Mates Solitary

What is horse used for? Riding Companion Show Horse Both

Animal Healthcare Toolbox:

Veterinarian Name _____ Clinic _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Other Health Care Providers Names _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Other Alternative Care Providers Names _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Animal History:

Please be as detailed as necessary for accurate health overview, past to present.

What has been the animal's job in the past? _____

Current job (occupation)? _____

Any recent/current health diagnosis, conditions, problems, concerns?

Any health or body signs/symptoms/concerns/issues without resolve or diagnosis (ex: aches, pains, limp, yelps, etc.)?

Any behavioral problems or history that you know of?

What does their food diet consist of?

Is the animal on any supplements? Yes No If yes, please list.

How many times a day do they eat? _____

Vaccinations schedule? What vaccinations are given?

Do you do annual Vet appointments and treatment? Yes No

What does the annual Vet appointments and treatment involve?

Does your animal attend any public social locations (dog park, doggie day-cares, shows, etc.)? Yes No

Does the animal have any other animal companions? Yes No
If yes, please list breed, age, sex, relationship?

Anything else you would like to share about your animal?

****Please send picture of you and your animal together
when emailing this intake document back****