



Animal History

1490 Rusk Road
Suite 404
Round Rock, Texas 78665
512-579-0600

Owner Details

Date: _____ Guardian's Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Animal Details

Patient Name: _____ Species: Canine Feline Age: _____
Patient Breed: _____ Color: _____ Gender: M F
Veterinarian: _____ Phone: _____

Reason for Visit

Activities: _____ Exercise: _____
Daily Diet: _____ Medication: _____ How Long? _____
Current Condition/Injury/Diagnosis: _____

Current Pain/Symptoms: _____
Reason for Today's Visit: _____

Health History

Please List What Happened, When it Happened, and the Outcome

Surgeries: _____
Injuries: _____
Previous Chiropractic Care: Yes No Reason: _____

Consent

As the guardian of the animal listed above, duly authorized to execute this agreement, I hereby authorize Dr. Angelo Marinakis to administer chiropractic care as deemed necessary to my animal.

Guardian's Name, Printed

Patient Guardian Signature

Date Signed



Animal Consent

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Patient Name: _____ Breed: _____ Age: _____
Veterinarian: _____ Phone: _____

- I certify that my animal has had regular, traditional veterinary care, and is now being treated by the Veterinarian as listed above.
- I understand that Chiropractic care is NOT intended to replace traditional veterinary care, rather it is considered an alternative therapy to be used concurrently and in conjunction with my Veterinarian's care.
- I certify that I have been open and honest with Dr. Marinakis as to all other examinations, diagnostic tests, diagnoses, and treatments for my animal's condition.
- Dr. Marinakis has described the procedures and explained to my satisfaction, the purpose for performing them and the risks involved. I understand there is minimal research supporting the clinical efficacy of animal chiropractic care and realize that there can be no guarantee as to the outcome of treatment.
- I assume all risks associated with chiropractic care, including the risk of injury or death of the animal, the risk that chiropractic may not be an effective treatment, and the risk of personal injuries or destruction of property caused by the animal. I have considered those risks, and voluntarily agree to assume those dangers and risks
- As the guardian of the animal listed above, duly authorized to execute this agreement, I hereby authorize Dr. Angelo Marinakis to administer chiropractic care as deemed necessary to my animal.

Guardian's Name, Printed

Patient Guardian Signature

Date Signed