

EVERGREEN ANIMAL CHIROPRACTIC, LLC
CAROLYN D. LONGACRE, DC & AMBER AYERS, DC

NEW PATIENT INTAKE FORM

Client (Your) Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How did you hear about us? _____ Referred by: _____

Patient (Animal) Name: _____ Breed: _____

Male: Female: Color/Identifying Marks: _____ Date of Birth: _____

Spay/Neuter: Yes No Species: Dog Cat Other: _____ Weight: _____

Reason for this treatment: _____

History of any major health problems or surgeries: _____

Recent change in behavior? If so, describe: _____

If pet has a condition or illness, list other doctors seen and previous diagnoses: _____

My pet's diet is the following: _____

Medications: _____ Supplements: _____

I hereby request and consent to chiropractic care and supportive therapies for the animal listed below, for whom I am legally responsible. I certify that I'm the legal guardian of the patient (animal) listed above. I have read and understand the information included and certify it to be true and accurate to the best of my knowledge. I consent to the collection and use of the above information to this chiropractic office. I authorize this office and its staff to examine and treat my condition as the doctors see fit. I hereby authorize the doctor to release all information necessary to any pet insurance company for the purpose of claim reimbursement of charges incurred by me. I grant the use of my signed statement of authorization with my signature for required pet insurance submissions. I understand and agree that all services rendered to me will be charged to me, and I'm responsible for timely payment of such services. I understand and agree that pet insurance policies are an arrangement between an insurance carrier and myself. I understand that fees for all professional services rendered are charged to the client and are due at the time of service, unless other arrangements have been made in advance with our business office.

Print Client Name _____ Client Signature (Guardian if client is under 18) _____ Date _____