



Portland Animal Chiropractic, LLC
Kalina Scherer, DC
Phone (503) 707-9234 Fax (503) 521-0451

Owner Name _____
Pet Name _____
Phone # _____

What are the pet's symptoms? _____

When did they start? Date: _____ What happened? _____

Are the symptoms getting better , worse , no change

Any factors that change the pet's pain level?

Increase: _____

Decrease: _____

Has your pet experienced any seizures? Yes No How frequently? _____

When was the first one? _____ Last one? _____

Any change in bowel habits? Yes No More/less? _____ Consistency? _____

Any change in water consumption? Yes No More/less? _____

Any change in bladder habits? Yes No More/less often? _____ Incontinence? Yes No

Any change in pet's weight? Increase Decrease Amount? _____ No Change

Pet on any medication? Please List, include reason for prescription:

List any current medical conditions: _____

List any past medical conditions: _____

When were they last seen by their veterinarian? Date: _____

Is your pet current on their vaccinations? Yes No

If No, explain why: _____

Any recent surgeries? Yes No

Date and Description: _____

Any recent imaging available? (X-ray, MRI) _____

Has the animal been treated with Chiropractic care previously? Yes No Results? _____

I verify that the information provided by me in this form is correct to the best of my knowledge, I am the owner of this animal and I am at least 18 years of age.

Signed: _____

Printed: _____

Date: _____



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Owner Name
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Owner Information:

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____ Work _____

Fax: _____ Email: _____

How would you like to receive reminders? Home # Cell # Work# Email No reminders

How did you hear about Portland Animal Chiropractic?

Patient (Pet) Information:

Name: _____ Species: Canine Equine Feline Other _____

Breed: _____ Age/Birth Date: _____ Color: _____

Gender: _____ Status: Intact Spayed/Neutered/Castrated

How long have you owned this animal? _____

Address if different from above, include name of facility: _____

Trainer _____ Phone: _____

What is the animal used for _____

Amount of exercise, include type and duration _____

Type of food and amount _____

Was this recommended by your Veterinarian? _____

Pet kept indoor , outdoor , stable , other: _____

Name of Primary Veterinarian: _____

Address: _____

Phone: _____

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