

Active Life Chiropractic – Dr. Angelo Marinakis

1490 Rusk Rd #404 Round Rock, TX 78664

512-520-7607

drangelo@activelifechirotx.com

ANIMAL HISTORY FORM

Today's Date _____ Guardian's Name _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Patient Name _____ Age _____

Species _____ Breed _____ Male Female

Veterinarian _____ Phone _____

Current Health Condition

Activities / Exercise _____

Diet _____

Medications / Vitamins _____ How Long? _____

Conditions / Injuries / Diagnoses _____

Pain / Symptoms _____

Reason for Today's Visit _____

Health History

Surgeries / Injuries (*What / When / Outcome*) _____

Previous Chiropractic Care? Y / N Reason _____

Authorization For Care Of My Animal

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 (please print) _____

Guardian's Signature _____ Date _____

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ANIMAL CONSENT & RELEASE FORM

Patient Name _____ Breed _____ Age _____

- I certify that my animal has had regular, traditional veterinary care, and is now being treated by: Veterinarian _____ Phone _____
- 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 any and 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 (please print) _____

Guardian's Signature _____ Date _____