



The client listed below has requested their animal to be checked and, if needed, be given a chiropractic adjustment by Dr. Valentina Degiovanni of Bella Vita Chiropractic.

Dr. Degiovanni is a Doctor of Chiropractic who is certified through the American Veterinary Chiropractic Association on animal chiropractic. Please visit [www.animalchiropractic.org](http://www.animalchiropractic.org) for more information about the AVCA. Chiropractic is not a replacement for traditional veterinary care. It focuses on restoring the spinal column's normal biomechanical movement and function to promote a healthy neurological activity, which in turn supports effective musculoskeletal function and overall health. The purpose of this letter is to keep you informed about the care of your patient.

Owner:

\_\_\_\_\_

Owner's name

\_\_\_\_\_

Patient's name

Reason for seeking Chiropractic care: \_\_\_\_\_

Veterinarian:

Please list anything you may deem as a contraindication to chiropractic care based on patient's medical history, including past surgeries and/or x-ray findings:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DVM (print)

\_\_\_\_\_

DVM (signature)

\_\_\_\_\_

Date

I would like to receive daily notes for chiropractic care for this animal Y/N \_\_\_\_\_

Email



Animal's name: \_\_\_\_\_

Animals birth date: \_\_\_\_\_ Spay/neuter (and date) : \_\_\_\_\_

Your animal's breed/color/weight: \_\_\_\_\_

Date of last known rabies / coggins: \_\_\_\_\_

Does this pet have history of abuse or are they nervous/reactive: \_\_\_\_\_

Date / provider of your animal's last adjustment: \_\_\_\_\_

Reason for seeking care / goals to be achieved with care:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_ Current medical conditions, accidents & injuries (please date):  
\_\_\_\_\_

\_\_\_\_\_  
\_ Previous surgical procedures or imaging (please date and specify region):  
\_\_\_\_\_

\_\_\_\_\_  
\_ Current medications / supplements (please provide dosage):  
\_\_\_\_\_

\_\_\_\_\_  
\_ Current diet & frequency of feeding:  
\_\_\_\_\_

\_\_\_\_\_  
\_ Activity level / do you compete with this animal:  
\_\_\_\_\_

\_\_\_\_\_  
\_ Referring vet name / contact information:  
\_\_\_\_\_

\_\_\_\_\_  
\_ ((Horse owners only)) Trainer & boarding barn contact and address:  
\_\_\_\_\_