



# Animal History

1490 Rusk Road  
Suite 400  
Round Rock, Texas 78665  
512-579-0600

## Owner Details

Date: \_\_\_\_\_ Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 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.

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*Guardian's Name, Printed*

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*Patient Guardian Signature*

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*Date Signed*