



Healing Meadows

ANIMAL & CHIROPRACTIC

Jessica Donaldson, DC, CVSMT

Phone: 612-223-9386 | Fax: 612-234-4809

New Client History and Information

Owner Contact Information

Name: _____

First

Last

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

Phone: _____ Email: _____

How did you hear about us?

Horse's Name: _____

Gender: M/F

Date of Birth: _____

M-Stallion/Gelding: _____

Breed: _____

Color: _____

Markings: _____

About Today's Visit

The reason for seeking Chiropractic care:

What are your goals for care?

Is your horse currently under Veterinary care for a specific condition?

Please Explain/Describe:

How would you describe your horse's current activity level and general demeanor?

Health History

Is your horse currently taking any medications or supplements? Please list each and for what condition.

Is your horse on a special diet? If so please explain:

Is your horse up to date on vaccinations and dental care?

Has your horse been seen by any other health care professional? For example: Chiropractor, Acupuncturist, Homeopath, Massage Therapist, and/or Rehabilitation Specialist? If so please list who, when and what for.

Please list any history of previous injuries, seizures, infectious disease, surgeries, lameness or any other diagnosed diseases or conditions.

I recognize and understand that Dr. Jessica Donaldson is a Minnesota State licensed Doctor of Chiropractic with Certification in Veterinary Spinal Manipulative Therapy from the Healing Oasis Wellness Center, and Animal Chiropractic Registration in the State of Minnesota. She is not a Veterinarian and therefore will not take responsibility for the primary health care of my horse. Chiropractic care is NOT intended to replace traditional Veterinary care, but is a complementary therapy that is to be used in conjunction with primary Veterinarian care.

Print Name: _____

Signature: _____ Date: _____

I give Healing Meadows Animal Chiropractic permission to use my horse's picture and first name on social media sites operated by Healing Meadows Animal Chiropractic.

Print Name: _____

Signature: _____ Date: _____