



# COUNTRY ROADS

Mobile Chiropractic

Elizabeth Morris, DC, cAVCA

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## Animal History

### Owner Details

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Animal Details

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male Female Fixed? Yes No Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Height: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Address (if different from Owner): \_\_\_\_\_

### Veterinarian Details

Office/Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last visit: \_\_\_\_\_ Address: \_\_\_\_\_

### Reason for Visit:

Why are you seeking care? \_\_\_\_\_

\_\_\_\_\_

When did this start? \_\_\_\_\_ Have you seen your vet for this issue? Yes No

**Animal Health History**

Is your animal on any medication? \_\_\_\_\_

What do they eat? \_\_\_\_\_

What does their exercise look like? \_\_\_\_\_

Any Previous Injuries: \_\_\_\_\_

Any Previous surgeries? \_\_\_\_\_

Have they had Chiropractic care previously? Yes      No

If yes, When, and why?

\_\_\_\_\_

Any other details we should know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

**Consent to care**

Dr. Morris is a Chiropractor. She has received additional training and is certified in animal chiropractic through the American Veterinary Chiropractic Association. Dr. Morris is not a veterinarian and cannot be the primary health care provider for your animal. Concurrent care with your veterinarian is recommended.

Dr. Morris will check your animal's spine for subluxations as well as the joints in their limbs and jaw. This is where the bones of the joint have become "stuck". This leads to improper joint function and can affect the soft tissue around the joint. This can lead to lower overall health of your animal. Dr. Morris will correct this with a safe and gentle chiropractic adjustment to restore proper motion to the joint which in turn leads to better health. Adjustments are not a cure for any disease or ailment apart from subluxations.

Your signature below acknowledges the understanding of the above information.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_