



# BARNYARD CHIROPRACTIC

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*THIS FORM MUST BE COMPLETED PRIOR TO INITIAL TREATMENT. CHIROPRACTIC CARE DOES NOT REPLACE TRADITIONAL VETERINARY MEDICINE, AND ALL ANIMALS ARE REQUIRED TO BE UNDER VETERINARY CARE.*

### ANIMAL INFORMATION

NAME	DOB/AGE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NEUTERED/SPAYED
SPECIES	BREED	COLOR

### CLIENT CONTACT INFORMATION

OWNER	PHONE	EMAIL
ADDRESS		

### TREATING VETERINARIAN & CLINIC INFORMATION

CLINIC NAME	PHONE
EMAIL	FAX

*I ACKNOWLEDGE THAT MY CLIENT WOULD LIKE THEIR HORSE TO RECEIVE CHIROPRACTIC CARE.*

TREATING  
VETERINARIAN:

\_\_\_\_\_  
*PRINT NAME*

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

PRIMARY VETERINARY DIAGNOSIS

CURRENT MEDICATIONS

WOULD YOU LIKE TO RECEIVE A COPY OF THE CHIROPRACTIC REPORT BY EMAIL?  YES  NO

ENCLOSED  RADIOGRAPHS  RADIOGRAPHIC REPORT(S)  LABORATORY RESULTS  
 ADVANCED IMAGING  ADVANCED IMAGING REPORT(S)

*Dr. Natalia LaVallie is a licensed chiropractic physician in Illinois (Lic. # 038.013140) and maintains certification in animal chiropractic with the Animal Chiropractic Certification Commission (Cert. # 1317). She carries malpractice and liability insurance specifically for the administration of chiropractic care to animals (ChiroSecure Pol. #COVC2020).*