



BARNYARD CHIROPRACTIC

DR. NATALIA LAVALLIE
AVCA CERTIFIED ANIMAL
CHIROPRACTOR

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The form must be completed prior to your animal receiving chiropractic care.

SMALL ANIMAL INFORMATION

Name:		Species:	Breed/Color:
Birthdate/Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male neutered <input type="checkbox"/> Female spayed	Approximate weight:

CLIENT CONTACT INFORMATION

Name:		Phone:	
Street Address:			
City:		State:	Zip:

TREATING VETERINARIAN/CLINIC INFORMATION

Clinic Name:		Phone:	
Email:		Fax:	
Treating Veterinarian:			
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>	
Primary Veterinary Diagnosis:			
Treatment to date:			
Current medications:			
Current recommended treatment: Chiropractic			
Would you like to receive a copy of the chiropractic report by email? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Enclosed:	<input type="checkbox"/> Radiographs <input type="checkbox"/> Advanced imaging	<input type="checkbox"/> Radiographic report(s) <input type="checkbox"/> Advanced imaging reports(s)	<input type="checkbox"/> Laboratory results