

**Dr. Catherine Bélanger Lavoie, B.Sc, DC,  
Certified Animal Chiropractor  
514.830.2866  
[www.drecatherinelavoiedc.com](http://www.drecatherinelavoiedc.com)**

**Instructions to the Pet Owner:**

\*Please print out these forms, fill out as best as you can, and bring to your first appointment. OR

Print out, fill out, scan and email back to [drecatherinelavoiedc@gmail.com](mailto:drecatherinelavoiedc@gmail.com) at least 24 hours before your first appointment.

\*Please note there are **three pages in total (four incl. this page)** .

Two for the Patient and Owner Information,

One for the Chiropractic Examination and Care Consent Form.

If your veterinarian has x-rays on file, please ask to sign them out temporarily and bring them

to your first appointment, they will be given back to you at the end of the first visit.

OR

Many clinics now have digital x-rays, in which case they can email me your pet's films (At least 24 hours before the first appointment).

## Patient and Owner Information

Date: \_\_\_\_\_ Animal's Name: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #(s): (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female

Altered/Intact Date of spay/neuter: \_\_\_\_\_

Rescue/Adoption \_\_\_\_\_ Date: \_\_\_\_\_

\*If rescue or adoption of older animal, were you provided with the health history? \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address/Website: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### General questions:

Plays with (circle as many as apply): Toys People Children Other

Animals Plays: Soft Medium Hard

At play, likes to: \_\_\_\_\_

Other animals at home: \_\_\_\_\_

Interactions with other animals? (i.e.: daycare, agility/obedience class, dog park, etc...): \_\_\_\_\_

Current or recent medications, for what reason? \_\_\_\_\_

**Reason(s) for Chiropractic Visit:**

**Veterinary Visits, Dates and Results/Diagnosis:**

Examinations, Lab Tests, X-Ray, Vaccinations, Surgeries, Accidents, MRI, Cat Scan

**Any Other Significant Information you feel I should know about?**

(For example: type of nutrition, past history, habits, etc...)

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**CHIROPRACTIC EXAMINATION & CARE CONSENT FORM**

I, \_\_\_\_\_, owner of the animal described below, and being eighteen years of age or older, do understand, substantiate and authorize the following:

1. Dr. Catherine Bélanger Lavoie is a Doctor of Chiropractic, licensed in the care of human and animals. She has attended several hundred hours of education specific to Animal Chiropractic and has held an active certification in this field since 2011.
2. Dr. Catherine Bélanger Lavoie is NOT a veterinarian, and cannot take responsibility for the primary care of my animal.
3. Chiropractic care is NOT intended to replace appropriate veterinary care, but is intended to be used concurrently.
4. Dr. Catherine Bélanger Lavoie has explained to me the scope of her care, and described the procedures she will perform on my animal. I understand them, and acknowledge that they are congruent with the College of Chiropractors of Ontario's Standards of Practice for the Chiropractic Care of Animals.

**I hereby authorize Dr. Catherine Bélanger Lavoie to examine and adjust my animal using Animal Chiropractic techniques and protocols. I certify that my animal has had regular veterinary care and is now concurrently being treated by:**

Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #/ Email or website: \_\_\_\_\_

I also certify that I have been open and honest with Dr. Catherine Bélanger Lavoie as to any and all other examinations, diagnostic tests, diagnoses, and treatments for my animal's conditions.

**I have read this authorization form, understand it and give my consent.**

Client Name: \_\_\_\_\_

Address & Phone#(s): \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Colour: \_\_\_\_\_ Age & DOB: \_\_\_\_\_

M/F: \_\_\_\_\_ Altered/Intact: \_\_\_\_\_

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