

Dr. Josée Gerard, BA, DC, CVSMT  
Certified Animal Chiropractor  
403-978-7399

[www.kiro4pets.com](http://www.kiro4pets.com)

[contact@kiro4pets.com](mailto:contact@kiro4pets.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 and fill them out, scan and email back to [contact@Kiro4Pets.com](mailto:contact@Kiro4Pets.com) at least 24 hours before your first appointment.

\*Please note there are 5 pages in total ~ this instruction form, two for the Patient and Owner Information, one for the Chiropractic Examination and Care Consent Form, plus a Veterinary Referral 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).

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### 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 \_\_\_\_\_

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: \_\_\_\_\_

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**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 Sheclass, dog park, etc...):  
\_\_\_\_\_

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**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: diet, past history, habits, etc...)

**Weight:**

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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. Josée Gerard is a Doctor of Chiropractic. She has been a board certified chiropractor since 2001. In addition, she has attended several hundred hours of education specific to Animal Chiropractic and has held an active certification in this field since 2005.

2. Dr. Josée Gerard is **NOT** a veterinarian, and cannot take responsibility for the primary care of my animal(s).

3. Chiropractic care is **NOT** intended to replace appropriate veterinary care, but is intended to be used concurrently.

4. Dr. Josée Gerard has explained to me the scope of her care, and described the procedures she will perform on my animal.

**I hereby authorize Dr. Josée Gerard 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. Josée Gerard 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: \_\_\_\_\_

Color: \_\_\_\_\_ Age & DOB: \_\_\_\_\_

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

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

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**Veterinary Referral Request for Chiropractic Care**

Dear Dr. \_\_\_\_\_ Date of Request: \_\_\_\_\_

Your client, identified below, has requested that I provide chiropractic care for their animal, also identified below. Obtaining this referral is the purpose of my communication with you today.

In order to provide the referral that your client has requested, please:

- complete the information below or check it for accuracy if it is already filled in,
- sign and date this form, and
- return it to the client, or scan and **email directly to me at [contact@kiro4pets.com](mailto:contact@kiro4pets.com)**.

I am certified in Veterinary Spinal Manipulative Therapy by the Healing Oasis Wellness Center in Sturtevant, WI (a program approved by the American Veterinary Chiropractic Association. If you need any additional information, **please contact me by telephone at 403-978-7399 or visit my website at [www.kiro4pets.com](http://www.kiro4pets.com)**.

*Thank you very much in advance for your referral. I look forward to working with you!*

Owner's Name: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

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

Animal's Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

\*\*\*\*\*

Referring Veterinarian's Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

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

Clinic Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Clinic Email: \_\_\_\_\_

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