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.

HORSE INFORMATION			
Name:		Breed:	Color/Markings:
Birthdate:	❑ Colt ❑ Filly ❑ Gelding ❑ Mare ❑ Stallion		Approximate weight:

CLIENT CONTACT INFORMATION		
Name:	Phone:	
Street Address:		
City:	State:	Zip:
Name of Boarding Facility (*if applicable)*:	Phone:	

TREATING VETERINARIAN/CLINIC INFORMATION		
Clinic Name:	Phone:	
Email:	Fax:	
Treating Veterinarian:		
Print Name	*Signature*	*Date*
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? ❑ Yes ❑ No		
Enclosed: ❑ Radiographs ❑ Radiographic report(s) ❑ Laboratory results ❑ Advanced imaging ❑ Advanced imaging reports(s)		