



Dr. Mimi Chatwood Certified Animal Chiropractor

Animal's Name: _____

Breed: _____

Age: _____ Reason for visit/history _____

Food: _____ Medications: _____

Owner's Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone _____

Email: _____

Who referred you to us: _____

Please note: Chiropractic care is in no way meant to replace or reproduce veterinary care. We do not diagnose or medically treat an animal. Our intention as chiropractors is to free the structure, nervous system, and thus the function of the animal via the spine, spinal cord and peripheral nerves.

Signature _____