

Large Animal Chiropractic Case History Form



Morgan West McCaskill, DC
Certified Animal Chiropractor by the AVCA
info@backcountrychironc.com
(828)202-3123

Please complete before appointment.

Owner Information

Date: ___/___/___

Name: _____ E-mail: _____
Cell Phone: (____) _____ Home Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
Veterinarian: _____ Clinic Name: _____ Number: (____) _____
Referred by? _____ Send appointment reminders/updates/newsletters by: E-mail Text

Animal Information

Name: _____ Species: Horse Other _____
Gender: Mare Gelding Stallion Age: _____ Breed: _____ Color: _____
Use/Occupation: _____
Trainer: _____ Farrier: _____
Is your animal easily handled by others? Yes No Bites Kicks Teeth last floated: ___/___/___
Shoes: Barefoot All 4 Front only

Reason for visit: _____

When did this problem begin? Do you know what caused it? _____

Does anything seem to make the issue better? Worse? _____

Is your pet currently under veterinary care for this or another specific condition? Yes No

If yes, please describe: _____

Were x-rays taken of your animal? Yes No

If so, please have referring veterinarian email digital images to info@backcountrychironc.com

What are your goals for care? _____

Describe your animal's daily exercise routine _____

Have you noticed a recent change in your animal's behavior? Yes No

If yes, please describe. _____

Check all that apply: Tail swishing under saddle Tripping Difficulty picking up/holding lead(s) Heavy in one rein
 Resistant going a certain direction Resistant flexing to one side Resistant to lateral movements Head shaking
 Head tilt Change in posture Difficulty collecting Jumping issue Bucking Hoof issues
 Weakness going up/downhill Weakness in hind end Weakness in front end

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Animal Health History

Has your animal been seen by any other health care professional (i.e. chiropractor, acupuncturist, homeopath, massage therapist, and/or rehabilitation specialist)? If so, please list who, when, what for, and the effectiveness of care.

Please list any history of traumas or injuries (i.e. falls, leash pulling, lameness, seizures, diagnosed conditions)

Please list any prior surgeries. Include date and side, if applicable

Any additional information you feel we should know about your animal

I hereby request and consent to appropriate chiropractic care for my animal. I certify that my animal has routine, traditional veterinary care and my current veterinarian is _____ located at _____. I recognize and understand that Dr. Morgan McCaskill is a Doctor of Chiropractic, licensed in the care of humans (LN: 4893). Dr. McCaskill has completed post-graduate training in animal chiropractic and is board certified by the Animal Chiropractic Certification Commission (ACCC) of the American Veterinary Chiropractic Association (AVCA) (LN: 1295). I understand that she is not a veterinarian and therefore will not take responsibility for the primary health care of my animal. I also understand that chiropractic is not a substitute for traditional veterinary care, nor does BackCountry Chiropractic, PLLC provide veterinary services. Chiropractic care is complementary care to be used in conjunction with my primary veterinarian's care and notes may be sent upon request.

I understand that chiropractic care is meant to optimize health by facilitating neurological and biomechanical function which allows maximum expression of the body's innate healing abilities. While chiropractic is exceedingly safe, I understand that there are some risks to care including but not limited to fractures, disc injuries, stroke, dislocations, and sprains. In rare cases, underlying physical defects, deformities, or pathologies may render the animal susceptible to injury. I do not expect the doctor to anticipate and explain every risk and complication. No guarantees of cure have been implied or given. I understand that I, along with my animal, are active participants in their chiropractic care and I am encouraged to ask any questions and voice any concerns.

By signing below, I affirm that I have read, or had read to me, this consent document and I agree to its provisions. I intend this document to cover my entire course of chiropractic care. I am free to refuse and/or discontinue chiropractic care at any time. I certify that I have been open and honest with Dr. McCaskill as to any and all other examination, diagnostic tests, diagnoses, and treatments for my animal's condition(s).

Owner Signature: _____

Date: ___/___/___

Owner Printed Name: _____

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Approval for Use of Animal's Case

While animals have been getting adjusted since chiropractic began in 1895, it wasn't until the 1980's when this method of healthcare was recognized by the American Veterinary Medical Association as a complementary therapy for animals. Today there are over 1,000 animal chiropractors in the U.S. who are certified by the American Veterinary Chiropractic Association. While many have found that the benefits of chiropractic have helped their animal, animal chiropractic lacks the amount of research that human chiropractic has. We would like to ask your approval, should we decide to use your pet's case, for our continued efforts in providing research and education in animal chiropractic.

Please choose ONE of the following:

YES: You may use any or all of my animal's case for your needs, such as chiropractic case studies, posting patient cases online, or for use in educational purposes in chiropractic seminars. (Last names will never be used).

LIMITED: You may use my animal's case for chiropractic case studies only.

NO: You may not use my animal's case for any of the above mentioned.

Owner Signature: _____

Date: __/__/__

Owner Printed Name: _____
