

Las Vegas Animal Chiropractic  
LasVegasAnimalChiro@gmail  
702-703-1866  
LasVegasAnimalChiro.com

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

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

Veterinarian (optional) \_\_\_\_\_

Client/Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet/Patient: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ M/F: \_\_\_\_\_

Owner Complaint: \_\_\_\_\_

The above client is seeking pet evaluation and chiropractic treatment by Las Vegas Animal Chiropractic. Treatment will be rendered by Dr. Sidney Carter, D.C. an American Veterinary Chiropractic Association trained and Nevada Board registered Chiropractor. As per NAC 638.830, you are not liable for the acts or omissions of the chiropractor who performs animal chiropractic and Dr. Carter carries his own malpractice insurance.

**Please submit this completed form to us via email. If you prefer to speak with us or text us we can be reached at 702-703-1866.**

Dr. Carter will use this information to determine if your client is a chiropractic candidate.

**Do you have any concerns regarding this client receiving chiropractic care?** No \_\_\_\_\_

Yes \_\_\_\_\_ If "Yes" please explain: \_\_\_\_\_

Have X-rays been taken in the past year? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please email the written Rad Report only to [lasvegasanimalchiro@gmail.com](mailto:lasvegasanimalchiro@gmail.com)

Xray Diagnosis: \_\_\_\_\_

Any relevant surgeries: \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_

Pertinent health information we should know: \_\_\_\_\_

Would you like to receive our treatment notes: Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to opt out of receiving emails: Yes \_\_\_\_\_ No \_\_\_\_\_