

Back On Track Chiropractic ~ Dr. Melissa Loidolt DC

Certified Through The IVCA

(320)230-8920 ~ www.backontracktoday.com

INFORMATION & HISTORY



Dog's Name: _____ Owner's name _____

Breed: _____ Age: _____ Gender: _____

Color: _____ Markings: _____

Is dog presently under veterinary care: No _____ Yes _____

What is the veterinarian's name and phone number? _____

What is your dog's current level of activity? _____

If the dog is currently being seen for any specific conditions, please describe: _____

Current medications: _____

Is the dog currently being seen by any other health care professional? If so, please list: _____

Is your dog up to date on vaccinations? _____

Is your dog currently on any supplements? If so, please list: _____

Please list any past injuries, significant illness, or surgeries: _____

Please describe current problem or reason for seeking chiropractic care: _____

What goals do you hope to achieve through chiropractic care? _____