



# Canine Align at Nostos Chiropractic

## Veterinary Consultation Form

### VETERINARY CLINIC INFORMATION

Dr. Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Clinic Email: \_\_\_\_\_

Chiropractors working with animals in Alberta must do so in consultation with a veterinarian. This form is meant to provide relevant information on this dog's case, as it may pertain to their course of care.

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Owner's Name(s) ("The Owner"): \_\_\_\_\_

Owner's Phone: \_\_\_\_\_

**Seeking Chiropractic Care:** I, The Owner, am seeking chiropractic care for my dog at Nostos Chiropractic. Dr. Sean de Lima Thiel is seeking to consult with you before my dog's initial assessment. May you please complete the following to provide relevant background information on this case?

### TO BE COMPLETED BY THE VETERINARIAN

Please review the following information, check the appropriate boxes, and return the form either to the owner or directly to Nostos Chiropractic email: [info@nostos.ca](mailto:info@nostos.ca) fax: 403-538-5571

This dog is an appropriate candidate for chiropractic care.

This dog may require modified chiropractic treatment: \_\_\_\_\_

This dog's condition prohibits them from receiving chiropractic care. Please describe:  
\_\_\_\_\_

Please list any relevant diagnosed medical conditions, current treatments, and other relevant information:

Veterinarian Name: \_\_\_\_\_

Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**From Nostos Chiropractic:** All canine patients undergo a health history consultation and a neuro-biomechanical assessment before starting care. This includes: visual examination, gait evaluation, spinal palpation, range of motion testing, limb circumference measurements, proprioceptive testing, and other special testing when indicated. Patients showing neurological signs will be referred to their vet for concurrent care.