



ELEMENTS OSTEOPATHY FOR PEOPLE AND PETS
 20 PRINCE ALBERT STREET SOUTH
 KINGSVILLE, ONTARIO N9Y2B6
 519 733-1000
 KARYN TIZZARD M.OMSC, GDAO

PATIENT INFORMATION

Owner:	Pet Name:
Address:	Species:
Phone:	Breed:
Email:	Colour/Markings:
Pet Date of Birth:	Sex: M Neutered F Spayed
Veterinarian:	Microchip:
Veterinarian's Phone:	Tattoo:

PET'S LIFESTYLE (circle all that apply)

Household pet

Working pet (service, herding, hunting, guarding)

Sport (agility, fly ball, competitive sports)

Breeding animal (stud, bitch)

Show pet

PET'S DIET AND EXERCISE ROUTINE

Commercial kibble or canned food brand: _____

Commercial raw brand: _____

Homemade diet cooked: _____

Homemade diet raw: _____

Treats per day/type: _____

ACTIVITY LEVEL (circle)



Very Low



Low



Moderate



High



Very High

What type of exercise does your pet get? Frequency, duration

(walks, runs, indoor playing, dog park, playing with other animals/pets/children, mental stimulating food puzzles/snuffle mats)

PET'S PERSONALITY AND TEMPERAMENT (circle)

With Humans (non family members):

Friendly Excitable Shy Nervous Protective (of family) Aggressive Indifferent

With other Animals:

Friendly Excitable Shy Nervous Aggressive Indifferent

Around Food:

Guarded Aggressive Food-motivated Indifferent

Temperament (circle all that apply):

Confident Insecure Fearful Playful Curious Sociable Shy Affectionate

Reliable Intelligent Lively Protective Stubborn Loyal Fearless Watchful

Clever Even Temperament Docile Alert Trustworthy Obedient Gentle

1) Does your pet suffer from separation anxiety? Yes No If yes, explain

2) Does your pet urinate/defecate inappropriately (accidents in the house etc.)? Yes No

3) Do you have any behavioral concerns with your pet?

PET'S HEALTH HISTORY

Rabies vaccination status (required);

Vaccinated Not Vaccinated Overdue

1) Does your pet have flea and tick medication on board? Yes No

2) Has your pet been diagnosed recently (in the last 2 months) with a new medical condition? If so, what was the diagnosis?

3) Has your pet had a significant injury, trauma or surgery in the last 4 weeks? Yes No
If Yes, explain.

In the past? When and what happened?

4) List current vaccines, medications, supplements, and parasite control (or provide health record from veterinarian)

5) List any surgeries your pet has had (including spay/neuter) and approximate dates.

6) Has your pet had any accidents or injuries? If so, what were they and when did they happen?

7) Describe any conditions or disease processes diagnosed by your veterinarian.

8) What are your major concerns (why are you here today)?

INFORMED CONSENT FOR OSTEOPATHIC MANUAL THERAPY FOR ANIMALS

Authorization: I, the undersigned, am the owner or agent of the owner of the animal(s) described above and am authorized to make decisions regarding its care. I hereby acknowledge that Elements Osteopathy, Karyn Tizzard, or their representative, has advised me of and explained the following:

- that osteopathic manual therapy does not provide a medical diagnosis, and that I should consult with my regular care veterinarian to obtain a diagnosis;
- that this therapy is a manual modality, which does not replace, but is complementary to, conventional veterinary care;
- that osteopathic manual therapy may improve mobility, reduce pain and contribute to overall well being;
- that patients may exhibit post therapy stiffness or soreness, and that exercise should be conservative for 24 hours after therapy;

I hereby authorize the performance of the identified procedure/treatment by Karyn Tizzard, or their auxiliary in their practice. I understand that there can be no guarantee as to the animal's condition or reaction to or the outcome of osteopathic therapy. I have read and fully understand this form and declare that I voluntarily provide my informed consent as per the above items.

Signature: _____ Date: _____

Privacy and Sharing of Information

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my regular veterinarian and/or referring veterinarian as deemed necessary. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission. I understand that information about my animal may be used for research or teaching purposes, and that my identity will be protected in these cases.

Cancellation policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the practitioner's day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24hours notice, or miss their appointment, will be charged a cancellation fee.

Provision of Service

I understand that treatment will be rendered by Karyn Tizzard, M.OMSc, GDAO, an osteopathic manual practitioner trained in animal osteopathy. I agree that, with any treatment, there can be risks, and I accept full responsibility for these risks, releasing Elements Osteopathy, Karyn Tizzard and their representatives and designates from any liability.

Photo and Video release

I grant Elements Osteopathy permission to use any photographs or videos taken of myself or my pet, in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become your property and will not be returned. I hereby authorize to edit, alter, copy, exhibit, publish or distribute this photo or

video for purposes of publicizing your programs or for any other lawful purpose. In addition, I waive any right to royalties or other compensation arising or related to the use of the photograph or video. I hereby release rights to all claims, demands, and causes to action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization.

Signature: _____ Date: _____