

A Spine of All Kinds, LLC Dr. Andrea Pinkstaff, DC, CAC (304) 483-7069

aspineofallkinds@gmail.com

ANIMAL HISTORY FORM

Today's Date	Owner's Name		
Address			
Phone	Email Address		
Patient's Name			Age
Species	Breed		Sex M F S N
Veterinarian		Phone	e
Vet Findings			
Reason for today's visit?			
Current Health			
Activities/Exercise			
Diet			
Medications/ Vitamins	How long?		
Conditions/Injuries/Diagnosis			
Surgeries/Injuries			
Previous Chiropractic Care? Y / N	Reason		
Dr. Andrea Pinkstaff is a Doctor of C training and is certified in Animal Ch Pinkstaff is not a veterinarian and ca veterinarian is recommended. Dr. P Dr. Pinkstaff checks animal spines for alignment and gets "stuck" which le subluxations is done through an adj humans. By signing, I acknowledge the under	chiropractic, licensed in South hiropractic through the AVCA annot take responsibility for t inkstaff is not responsible for or vertebral subluxations. A si eads to improper joint functio ustment and can lead to bett	Carolina for the care (American Veterinary he primary care of an establishing this relat ubluxation is when a s n and decreased exprer health and peak pe	of humans, and has specialty Chiropractic Association). Dr. imals. Coexisting care with your cionship. pinal bone moves out of proper ession of health. Correction of a
Owner's signature:			Date

ANIMAL CONSENT & RELEASE FORM

Patient	t Name	Breed	Age
	I guarantee that my animal has had regular, t	raditional veterinary care, and is	now being treated
	by:		
	Veterinarian	Phone	
	I understand that chiropractic care is NOT int	ended to replace traditional vete	rinary care but is
	considered an alternative therapy to be used	in conjunction with my veterinar	ian's care.
	I guarantee that I have be completely open a	nd honest with Dr. Pinkstaff abou	it any and all other
	examinations, diagnostic tests, and treatmen	ts for my animal's conditions.	
	Dr. Pinkstaff has described all the procedures	and examinations to my satisfac	tion, the purpose
	for them, and the risks involved. I understand	d that there is no guarantee as to	the outcome of
	treatment.		
	I assume all risks associated with chiropractic	care, including the risk of injury	or death of the
	animal, the risk that chiropractic care may no	ot be an effective treatment, and	the risk of
	personal injuries or destruction of property c	aused by the animals. I have cons	sidered those risks,
	and voluntary agree to assume those dangers	s and risks.	
	As the owner of the animal listed above, duly	authorize to execute this agreen	nent, I hereby
	authorize Dr. Andrea Pinkstaff to administer	chiropractic care as deemed nece	ssary to my
	animal.		
Owner	r's Name (please print)		
Owner	r's Signature	1	Date



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Veterinary Referral Form

Owner Name:	Patient Name:
DOB:	Breed:
Current diagnosis/treated for:	
Previous health history:	
Please list any contraindications t	care:
learn Animal Chiropractic. Dr. And to adjust animals. Chiropractic car complimentary therapy, to be use NOT a veterinarian and cannot tak the risks involved with Animal Chinature of the animal's condition o	nt to Dr. Andrea Pinkstaff for neuromuscular evaluation and spinal
Veterinarian Signature:	Date:
Email address:	
Address:	
Phone Number:	