



## **How to Prepare For Your Appointment**

- Ensure that your horse is dry, groomed and free of mud in time for your appointment
- Be prepared to lunge your horse
- Please have your completed intake and consent forms filled out and ready (on next pages)
- If applicable, have all related vet reports on hand for review
- Videos of intermittent behaviours of concern if applicable
- Have your tack nearby for fit evaluation if needed

## **What to Expect**

- Intake paperwork will be reviewed, and health history discussed
- Gait assessment and range of motion evaluation
- Treatment
- Homework prescription
- Hand-walking immediately the following appointment
- 24-48 hours off from exercise- can continue with the regular turnout routine

## **Frequently Asked Questions:**

- How much does an equine chiropractic treatment cost?
  - Price varies depending on location and the number of horses seen at one farm. Fill out the inquiry form to discuss pricing for your situation
- How long does an appointment take?
  - The initial visit takes approximately 1 hour, and follow-up visits take approximately 45 minutes
- Will my horse need more than 1 appointment?
  - Every patient is unique and different, and each treatment plan reflects that. At least 1 follow-up appointment is typically recommended to ensure that the cause of the problem of concern has fully resolved.

Dr. Kendle Dykstra, D.C



**Chiropractic Examination & Treatment Consent Form**

I, \_\_\_\_\_, owner of the animal described below, and being 18 years of age or older, do understand, substantiate, and authorize the following:

1. Dr. Kendle Dykstra is a Doctor of Chiropractic. She has attended several hundred hours of animal chiropractic specific to animal chiropractic, as recognized by the College of Chiropractors of Ontario, and is appropriately insured.
2. Dr. Kendle Dykstra is NOT a veterinarian, and cannot take responsibility for the primary care of the animal.
3. Chiropractic care IS NOT intended to replace traditional veterinary care, but is considered a complimentary therapy, to be used concurrently and in conjunction with veterinary care.
4. I understand that there is minimal research supporting the clinical efficacy of Animal Chiropractic, and that some aspects of my animal's care may be used in future data.
5. Dr. Kendle Dykstra has explained to be the scope of her care, and described the procedures she will perform on my animal
6. Dr. Kendle Dykstra has explained the risks involved with animal chiropractic care to my satisfaction, and I realize that there can be no guarantee as to the nature of my animal's condition, or the outcome of any procedure.

I hereby authorize Unity Chiropractic, and in particular, Dr. Kendle Dykstra, chiropractor, to treat my animal with animal chiropractic. I certify that my animal has had routine, traditional veterinary care with \_\_\_\_\_. I certify that I have been open and honest with Dr. Kendle Dykstra as to any and all other examinations, diagnostic tests, diagnoses and treatments for my animal's condition. I understand that payment is due at time of service. I have read this authorization form, understand it, and give my consent.

Owner:  
Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/20\_\_\_

Animal:  
Name: \_\_\_\_\_ Species: \_\_\_\_\_  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Treating Doctor Signature: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/20\_\_\_



<b>Owner Information:</b>		
Name:	Email:	Phone #:
<b>Patient Information:</b>		
Name:	D. O. B.	Breed: _____ Colour:
Sex:	U. T. D. on Vaccines? Yes/No	Boarding Location:
<b>Primary Veterinarian Information:</b>		
Clinic:	Doctor:	Phone #
Permission to contact your vet regarding your animal's case? Yes/No		
<b>Patient History:</b>		
Discipline:	Frequency of Exercise:	/week
Show Circuit:	Division:	Next Show Date:
Previous Injuries: _____ _____ _____		When: _____ _____ _____
Previous Surgeries? Y/N	Type:	When:
Known Medical Conditions/Health Concerns:		
Previous Diagnostic Imaging/Tests: _____ _____ _____	Dates: _____ _____ _____	Results: _____ _____ _____
Current Medications/Supplements:	Type: Type: Type: Type: Type:	Dose: Dose: Dose: Dose: Dose:
Previous Chiropractic Care? Y/N	By Who:	Reason For Treatment:
Current Reason For Seeking Treatment:		
Goals With Treatment:		
Currently Receiving Other Treatment? Yes/No		Type: