



Today's date: _____

Your (Contact) Name: _____

Owner's Name (if different): _____

Phone: _____

Email: _____

Animal's Name: _____

Kind of animal: Dog Cat _____

Breed: _____ Age: _____

Sex: Female Male Spayed Neutered

Are your animal's vaccines current? yes no

How did you hear about DocJackie? _____

History:

Does your animal have any issues with . . . ? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> being held | <input type="checkbox"/> nervousness |
| <input type="checkbox"/> being on leash | <input type="checkbox"/> other animals |
| <input type="checkbox"/> fear | <input type="checkbox"/> other people |
| <input type="checkbox"/> aggression | <input type="checkbox"/> none of the above |

Has this animal had any accidents / fractures / surgeries? (If so, please describe.)

Is this animal currently on any medication? (If so, please list.)

- continued next page -

Reason for Visit:

In a few words, please describe the reason for your appointment:

Client Acknowledgement and Consent

Please note that these services are not a substitute for medical or veterinary care. If your animal appears to be injured please see your veterinarian as soon as possible. By Texas law, alternate therapy on an animal is required to be done under the direct or general supervision of a licensed veterinarian. Since Jackie is not a veterinarian and is acting as an independent contractor, a veterinary supervision form is required prior to your first visit in order to be in compliance with Texas Administrative Code [§573.14](#). This form can be downloaded from the [DocJackie.com](#) website.

Release and Hold Harmless

The undersigned assumes the unavoidable risks inherent in all animal-related activities including but not limited to bodily injury and physical harm. In consideration, therefore, as a client of DocJackie, the undersigned does hereby agree to hold harmless and indemnify: Texas Animal Wellness Center and Jacqueline A. Doval, dba DocJackie, and all employees and agents thereof, and further release them from any liability or responsibility for accident, damage, injury or illness to the undersigned's person or property.

I acknowledge that DocJackie is not a veterinarian. DocJackie is certified in Advanced Animal Chiropractic by the American Veterinary Chiropractic Association (AVCA). yes no

I acknowledge that Texas law REQUIRES authorization by the treating veterinarian BEFORE DocJackie can see your animal. yes no

I acknowledge that I have stated all known medical conditions of this animal, and further, that I have answered all questions honestly. I also agree to keep DocJackie updated of any changes in the animal's condition. yes no

I acknowledge that a DocJackie session, in rare cases, could lead to a temporary cause of swelling, achy joints, and/or sore muscles. yes no

I understand and accept that appointments cancelled less than 24 hours from the time of the appointment will incur a charge of 50% of the full consultation fee. yes no

I understand and accept that DocJackie does not accept insurance. yes no

I understand and accept that consultation fees must be paid at the time of the consultation, and can be paid by cash, check, credit card, Venmo, PayPal or Zelle. yes no

I understand by signing my name in the box below, I am acknowledging my consent to wellness treatment by DocJackie.

Signature

Date Signed