



**Dr. Sean de Lima Thiel**  
Chiropractor

info@nostos.ca  
587-391-8611

#170, 703 64th Ave SE  
Calgary, AB T2H 2C3

[nostos.ca](http://nostos.ca)

## Getting Ready for Your Canine Chiropractic Assessment

### Step One: Veterinary Consult Form

From the Chiropractic College of Alberta: *Although a referral from your vet is not necessary, concurrent veterinary care is required. In Alberta, your vet must be made aware that you are seeking alternative Chiropractic care. Veterinary medicine has exclusive jurisdiction over the care and treatment of animals.*

*Chiropractors who have an interest in chiropractic treatment and spinal adjusting of animals must do so in consultation with a member of the Alberta Veterinary Medical Association. In all circumstances, chiropractors may only treat animals in consultation with or with a written directive from a member of the Alberta Veterinary Medical Association.*

Please forward Page 2 of this package to your vet for them to fill out and return to you, or directly send to us. We understand that some veterinarians are not supportive of chiropractic care and will decline to participate in the consultation form. If that is the case, please let us know as we can offer other options.

### Step Two: Health History Form

Completing this form prior to your appointment helps us to get started on time. Please include any information that you deem relevant to your dog's health history and describe any current issues we can help to improve.

### Step Three: Consent to Care Form

Please review the consent to care form. If you have any questions, you're welcome to wait to sign this form until you've met with the doctor. If you have no questions, please sign and date the form.

As a chiropractor working with animals, I am required to ensure that all forms are completed in order to start chiropractic care with your dog.

Thank you in advance for your understanding and cooperation!

- Dr. Sean dLT.



# Canine Align at Nostos Chiropractic

## Veterinary Consultation Form

### VETERINARY CLINIC INFORMATION

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

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

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

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

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

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

**From Dr. Sean at Nostos Chiropractic:** Before making any chiropractic adjustments, I will perform an examination with this dog to ensure they are a suitable candidate for chiropractic care. Consultation via this form allows me to fulfill my due diligence, and ensure the best possible outcome for this dog. Please note, as an animal chiropractor, I am licensed and insured for the care that I perform. By providing consultation, you **do not** assume liability for the chiropractic treatment of this animal.

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

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

**Once complete, please return form to the patient, or directly via email to [info@nostos.ca](mailto:info@nostos.ca) or by fax to 403-538-5571**

All canine chiropractic 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.

**\* Please note: We only use gentle adjusting techniques that do not involve sudden snapping or popping maneuvers.**



**NOSTOS**  
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Date: \_\_\_\_\_

## Canine Align at Nostos Chiropractic

Canine Health History Form

Dog's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Approx. Age: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_

Has your dog ever received chiropractic care before?  Yes  No

If so, how was the experience: \_\_\_\_\_

Primary concern: \_\_\_\_\_

How long has this been a problem: \_\_\_\_\_

Has your dog had this problem, or similar problems before? \_\_\_\_\_

Recent changes to personality? \_\_\_\_\_

Recent changes to eating habits? \_\_\_\_\_

Past Health concerns: \_\_\_\_\_

Surgeries/Medications: \_\_\_\_\_

### Personality at Home:

Playful  Energetic  Happy  Adventurous  Sleepy  Lethargic  
 Protective  Aggressive  Needy  Fearful  Sad

### Personality With Strangers:

Friendly  Shy  Cautious  Aggressive \_\_\_\_\_

Has your dog ever bitten or nipped at a vet?

Yes  No

\*\*\* (continued on back side)

# Canine Align at Nostos Chiropractic

## Owner's Consent to Chiropractic Care

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

### Benefits

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

### Risks

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

**Temporary worsening of symptoms** – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.

**Skin irritation or burn** – Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.

**Sprain or strain** – Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.

**Rib fracture** – While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.

**Injury or aggravation of a disc** – Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.

Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.

The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.

**Stroke** – Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke.

Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and traveling up to the brain.

Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. Present medical and scientific evidence does not establish that chiropractic treatment causes either damage to an artery or stroke.

The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

### Alternatives

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

### Questions or Concerns

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor's attention. If you are not comfortable, you may stop treatment at any time.

Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.

### Veterinarian Involvement

Although a referral from your vet is not necessary, concurrent veterinary care is required for chiropractic care on animals. In Alberta, your vet must be made aware that you are seeking alternative Chiropractic care. Veterinary medicine has exclusive jurisdiction over the care and treatment of animals.

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**We would love to keep your veterinarian in the loop. Can we send your veterinarian a report of the findings of today's assessment and our plan of action?**

Yes  No

### Media Consent

**I grant permission to Nostos Chiropractic/Canine Align to use photos of my dog on social media or other marketing materials. (Photos will never be taken without your knowledge)**

Yes  No

\_\_\_\_\_  
Owner's Name (printed)

\_\_\_\_\_  
Dog's Name(s)

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chiropractor

\_\_\_\_\_  
Date