

Integrative Medicine, Sports Conditioning and Rehabilitation

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[mountainsidevetrehab@yahoo.com](mailto:mountainsidevetrehab@yahoo.com)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regular DVM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age/Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex/Altered:\_\_\_\_\_\_\_\_\_\_\_Weight:\_\_\_\_\_\_\_\_\_\_\_\_Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies current: Y / N

Medications/Supplements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past medical problems:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your goal for your pet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liability Agreement (please initial) \_\_\_\_\_\_\_\_\_\_I understand Mountainside Veterinary’s recommendations and/or treatments constitute no guarantee of results and are based, to a degree, on the information that I supply.

***Mountainside Veterinary is asking for your consent to share your pet’s picture, video and/or story on our social media web pages and/or website for the purposes of education, promotion or advertising.***

\*\*Please circle one: I **do / do not** authorize the use of my pet’s image, name and story for these purposes.\*\*

I certify that I have read and understand this Agreement, and that the information set forth above is true and correct. I agree to accept all the terms, conditions, and statements of this agreement, and any rules or regulations of Mountainside Veterinary.

Owner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Check us out at*** [***www.mountainsidevetrehab.com***](http://www.mountainsidevetrehab.com)

**(Next page to be filled out by Mountainside Veterinary)**

**Skull:**

**Occiput** Dorsal R L bilat

**Ventral** bilat

**TMJ** R L traction

**Spine:**

**Atlas** Cranial R L bilat

Dorsal R L bilat

**C2** R L bilat Cranial

**C3** R L bilat Cranial

**C4** R L bilat Cranial

**C5**  R L bilat Cranial

**C6** R L bilat Cranial

**C7** R L bilat Cranial

**T1** Dorsal R L Rib R L

**T2** Dorsal R L Rib R L

**T3** Dorsal R L Rib R L

**T4** Dorsal R L Rib R L

**T5** Dorsal R L Rib R L

**T6** Dorsal R L Rib R L

**T7** Dorsal R L Rib R L

**T8** Dorsal R L Rib R L

**T9** Dorsal R L Rib R L

**T10** Dorsal R L Rib R L

**T11** Dorsal R L Rib R L

**T12** Dorsal R L Rib R L

**T13** Dorsal R L Rib R L

**L1** Dorsal R L

**L2** Dorsal R L

**L3** Dorsal R L

**L4** Dorsal R L

**L5**  Dorsal R L

**L6** Dorsal R L

**L7** Dorsal R L

**Sac Base** Caud Vent R L

**Apex** R L Caudal

**Pelvis:**

**Ilium** PI R L bilat

**AS** R L bilat

**Sacrotuberous** R L

**RTL:**

**Scap** D V Caud Cran

**Shoulder** Lat Medial

**Ulna** Lat Med Caudal

**Radius** Lateral Medial

**Carpals** Prox Dist Acc

**Metacarpal**  1 2 3 4 5

**Digits P1** 1 2 3 4 5

**P2** 1 2 3 4 5

**P3** 1 2 3 4 5

**LTL:**

**Scap** D V Caud Cran

**Shoulder** Lat Medial

**Ulna Lat** Med Caudal

**Radius**  Lateral Medial

**Carpals** Prox Dist Acc

**Metacarpal** 1 2 3 4 5

**Digits P1** 1 2 3 4 5

**P2** 1 2 3 4 5

**P3** 1 2 3 4 5

**RPL:**

**CF joint** Cran Caud

**Tibia** Ext Internal

**Tarsals** Cran Caud

**Metatarsal** 1 2 3 4 5

**Digits P1** 1 2 3 4 5

**P2** 1 2 3 4 5

**P3** 1 2 3 4 5

**LPL:**

**CF joint** Cranial Caud

**Tibia** External Internal

**Tarsals** Cran Caud

**Metatarsal** 1 2 3 4 5

**Digits P1** 1 2 3 4 5

**P2** 1 2 3 4 5

**P3** 1 2 3 4 5

**Tension:**

**Trigger Points:**

**Pain:**

**Additional/Laser:**