

Pegasus Clinic
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Fond du Lac, WI 54937
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Small Animal Chiropractic

Please have this form ready at your first appointment, or email it prior to the appointment.

Owner's Name: _____

Patient Name: _____

Breed: _____

Gender: _____

DOB: _____

Reason for Initial Exam:

Has your animal been seen by his/her regular veterinarian for this issue?

Yes _____

No _____

If Yes, what was your veterinarian's diagnosis? Please also list any medications your pet is currently on for this issue, as well as any other medications your pet is taking.

Please bring along any radiographs taken for this issue, as well as the medical history from your veterinarian if possible.

We look forward to meeting you and your pet! Thank you!