



## PATIENT TESTIMONIAL

*(In an effort to maintain confidentiality, only your initials will be used to identify your testimonial unless otherwise indicated.)*

Why did you initially seek animal chiropractic health care services?

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Please list any other additional symptom(s) which your animal has experienced that has also been helped with chiropractic care?

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Has your animal had any other treatment for this condition which was not helpful?

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Explain how chiropractic has helped your animal? Has the quality of their life also improved? If so, what activities (*work, recreational, etc.*) or lifestyle changes are they able to perform now that they could not prior to receiving chiropractic care?

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