



Date: _____

Animal-Patient's Name: _____

Breed: _____ Age: _____ Weight: _____ Sex: M F

Pet Owner: _____

Address: _____

Home Phone: _____ Work Phone: _____

Veterinarian's Name: _____ Phone: _____

Referred By: _____ How long have you had your pet? _____

Where did you get him/her? _____

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| <i>What are the main health concerns of your pet? For how long?</i> |
| <i>What aggravates the problem? What makes it better?</i> |
| <i>When during the day is the problem worst?</i> |
| <i>Any bowel changes (colour, frequency, consistency, behaviour)?</i> |
| <i>Any recent personality and behavioural changes?</i> |
| <i>What fears does your pet have?</i> |
| <i>How does your pet react to new people, new situations?</i> |
| <i>Any past/present skin problems?</i> |
| <i>Diet (brand, amount):</i> |
| <i>Any changes in eating pattern?</i> |
| <i>What does your pet like/dislike to eat?</i> |
| <i>Water Intake (amount, temperature):</i> |
| <i>Where does your pet like to sleep? In what position?</i> |
| <i>List any medications or supplements your pet is on. For how long?</i> |
| <i>Has your pet been spayed or neutered, or neither?</i> |
| <i>What is your pet's vaccination history?</i> |
| <i>Did your pet have any adverse reaction to the vaccinations? What were they?</i> |
| <i>Please list any homeopathic remedies your pet has been on or is currently taking.</i> |