



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? \_\_\_\_\_

<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>