



Client _____ Pet _____ Age _____

How long have you had pet? _____

What vaccines have been given within the last year? _____

Has he/she ever had an adverse reaction to a vaccine? _____

What food do you feed? _____ How much? _____

Is he/she food motivated or indifferent? _____ Eats slow or fast? _____

Have any likes or dislikes of food? _____

Is he/she sensitive to diet changes? _____ Are dietary changes possible? _____

Would you be able to provide home cooked meals for your pet? _____

Is he/she easy to medicate? _____ Would he/she accept supplements in food? _____

What is water intake? _____ Big or small laps? _____ What temp? _____

Is your pet having bowel changes (color, consistency or frequency)? _____

Has your pet ever had any skin, ear, or eye problems (discharges, lesions, etc..) _____

How were they treated? _____

Have you heard of Antibody Titers? _____

Has your pet ever been titered? (for distemper or parvo) _____

What is your pet's home environment like? _____

Are there other pets in the house? _____

Where does he/she rank among other household members (human and animal)? _____

What is his/her personality like (dominant, submissive, passive, aggressive ,etc.) _____

Does his/her personality change when away from home? _____

Has he/she ever expressed any unusual aggression? _____

Is he/she obedient or stubborn? _____

Is he/she possessive? (toys, people, food, etc.) _____

How does he/she react to strangers? _____ Protective? _____

What mental or emotional observations would you make about him/her? (likes to be fussed over, is clingy, etc.) _____

Does he/she have any irrational fears (thunder, fireworks, etc)? _____

How does he/she react to new or unusual situations or people? _____

How does he/she behave when people come to the house? _____

Does he/she exhibit particular symptoms when stressed out? _____

How well does your pet like to travel? _____

How does he/she react to being reprimanded? _____

Have there ever been personality changes? _____ When? _____

Has he/she ever expressed grief? _____ How did you know? _____

Under what circumstances did they grieve? _____

Do you feel that grief caused any physical ailments? _____

Does he/she like to lie in the sun or shade? _____

Where does he/she usually sleep? _____

In what position does he/she lie? _____

Does he/she prefer physical activity or a more sedentary life? _____

Has he/she ever displayed any obsessive compulsive behaviors? _____

Have you ever used alternative modalities before? _____

How would you rate their success? _____

What symptoms prompted you to seek medical attention? _____

How do you feel these symptoms are affecting his/her quality of life? _____

Is he/she on any medications (list)? _____

Is he/she on any supplements (list)? _____

Has he/she ever had any allergic responses to anything? _____

Is there familial history of disease? _____

When did problem(s) begin? (after vaccine or emotional upset, etc.) _____

How long has the issue been going on? _____

What aggravates problem (time of day/ food)? _____

Is he/she affected by weather? _____ Seasons? _____

How does your pet tell you he/she is ill? _____

Does he /she act differently at the veterinarian and how? _____

If it's possible, please provide a detailed timeline of symptom occurrence, treatments, lab tests, and medications.
