Health History Consultation Form

Your name: _____ Date: _____
Email address: _____ Phone #:_____
Name of pet: _____ Dog or Cat? _____
Breed: _____ Gender M/F? _____ Age: _____ Weight: _____
If this is a mixed breed please describe, including its weight and height: _____
_____
Where did you obtain your pet (i.e. shelter, rescue group, breeder etc)? _____
What age was your pet when they came to live with you? _____
If from a breeder, do you have health certificate copies from your pet's parents? _____
Is your pet spayed, neutered or intact? _____ Age that spay/neuter was done? _____
Was there any physical or emotional change in your pet after being spayed or neutered? (If yes, please explain): _____
Has your pet ever been pregnant (Y/N)? _____ If yes, please list how many litters and the approx. dates:
_____
Is your pet micro-chipped? (Y/N)? _____ When did the microchip get implanted? _____
Date of last vaccinations: _____ Was vaccinated for: _____
How often is your pet vaccinated and which vaccines do they receive? _____
_____
_____
General health condition (skin and coat condition? eye/ears - any discharge? normal or loose stools? lethargic/energetic?) _____
_____
_____
_____
Has the animal been diagnosed by a veterinarian with any illness or health problems? Please list all diagnoses and how long problems have been going on, as well as any current symptoms: _____
_____
_____
_____
Is your pet currently on any medications? (Describe what each medication was prescribed for and how long he/she has been on them): _____
_____
_____
Has your pet ever taken a course of antibiotics? (List each occurrence, reason & name of antibiotic if known):
_____
_____
Is your pet currently on any parasite prevention drugs? (Heartguard, Frontline, Advantage, Ivermectin, etc):
_____
Does your pet exhibit any of the following physical conditions (please explain for any yes answers)

- ☐ Allergies
- ☐ Arthritis/Joint Stiffness
- ☐ Autoimmune Disorders
- ☐ Cancer / Tumors
- ☐ Cataracts / Vision problems
- ☐ Deafness / Hearing impaired
- ☐ Digestive problems
- ☐ Ear problems - Infections/Mites
- ☐ Eye problems - Infections /discharge
- ☐ Heart problems
- ☐ Reproductive problems
- ☐ Seizures
- ☐ Skin / Coat problems
- ☐ Skeletal abnormalities (hip dysplasia etc.)

Other - please explain: _____
_____
_____

Does your pet exhibit any of the following temperament problems? (Please explain any yes answer)

- ☐ Aggressive behavior
- ☐ Barking (excessive)
- ☐ Biting
- ☐ Chewing / licking objects
- ☐ Chewing / licking self
- ☐ Compulsive behavior (explain below)
- ☐ Dominance Issues
- ☐ Doesn't get along with others
- ☐ Fearful / Anxiety
- ☐ Pacing
- ☐ Scratching
- ☐ Separation Anxiety

Other - please explain: _____

_____

_____

Describe the animal's current lifestyle. How much exercise, how much time is spent outdoors/indoors, how much time is spent alone, sleeping location, interactions with other pets/people, favorite toy, favorite activity & any other pertinent info. Please be as detailed as possible: _____

_____

_____

_____

_____

_____

_____

Current diet - please include as much info as possible - name of food, amount given each day, how long he/she has been eating this food and what food was he/she eating before this current diet? _____

_____

_____

_____

_____

How many times have you switched foods? and what brands have been used? _____

_____

_____

List ALL supplements, vitamins, and any treats or table scraps this animal gets & how often: _____

_____

_____

What brand of laundry soap, floor & counter cleaners do you use? _____

_____

_____

Do you use air fresheners or burn scented candles? _____

What other cleaning products do you use in your home? (For toilets, floors, furniture, wood, glass etc.): _____

_____

_____

What products do you use in your yard? Any pesticides, herbicides or chemical fertilizers? _____

_____

Any recent renovations in the home that included painting or new flooring? _____

_____

Any recent stressful events (moving, change in schedule or amount of time spent at home, etc) that have coincided with an occurrence or worsening of the animals symptoms/behaviors? _____

_____

What are your three main concerns for your pet?

1) _____
2) _____
3) _____

How did you find my service? _____

How do you prefer to pay for this service? PayPal? Or mail a check? _____

Nutrition & Dietary History

Your pet is currently?

☐ Under Weight ☐ Normal Weight
☐ Over Weight ☐ Obese

Current Food (Diet)

☐ Kibble ☐ Can ☐ Dehydrated Food ☐ Catered Food
☐ Homemade ☐ (BARF) Raw Diet ☐ Commercially Made Frozen Food

What type of treats do you feed?

☐ Flour/Wheat ☐ Human Food ☐ Dehydrated Meat
☐ Brand

Appetite?

☐ Picky Eater ☐ Normal Eater ☐ Very Fast Eater

Digestive Issues?

☐ Gas ☐ Throws up occasionally

Elimination stool evaluation

☐ Yellow ☐ Brown ☐ Green ☐ Black
☐ Small dry & Hard ☐ Firm & Tubular ☐ Soft ☐ Loose
☐ Strong Odor ☐ Smelly ☐ Little Odor

Bowel Movement

☐ Easy ☐ Difficult ☐ Appears to be Painful
☐ Strained ☐ Take a long time to go

Urination

☐ Light Yellow ☐ Dark Yellow ☐ Clear ☐ Cloudy
☐ Strong Odor ☐ Little Odor ☐ No Odor ☐ Bloody

Waist Measurement (Measure just past the end of the rib cage and around the side and back)_____ inches

Take a picture of your dogs body from above for the journal

Does your pet eat unusual items

☐ Stool ☐ Rocks ☐ Litter
☐ Dirt ☐ Grass

What type of supplements or vitamins do you use

☐ Oils ☐ Powder Mix ☐ Vitamins ☐ Herbs
☐ Real Foods Recommended by Vets ☐ Yes ☐ No

How much water does your pet drink (measure the average daily amount)

☐ Always thirsty ☐ Normal ☐ Seldom Drinks

Eyes

☐ Clear ☐ Yellow ☐ Red ☐ White
☐ Discharge ☐ Irritated ☐ Swollen

Ears

☐ Light Pink ☐ Swollen ☐ Dry ☐ Red
☐ Mited ☐ Pain to the touch ☐ No Odor ☐ Bad Odor

Skin

☐ White ☐ Blue ☐ Pink ☐ Irritated ☐ No Odor
☐ Hot Spot ☐ Scabby ☐ Pimples ☐ Itchy ☐ Bad Odor