



Date: _____

Animal Information

Name _____

Species _____

Breed _____

DOB/Age _____ Weight _____

Male Neutered Female Spayed

Owner Information

Name _____

Phone _____

Address _____

Email _____

About

Obtained From: ☐ Breeder ☐ Pet Store ☐ Friend ☐ Stray ☐ Adopted (from) _____

Lives: ☐ Indoor ☐ Outdoor ☐ Both

Other animals in household: _____

Appetite: ☐ Normal ☐ Other _____

Water Consumption: ☐ Normal ☐ More than normal ☐ Not enough

Current Pet Food: _____ ☐ Wet ☐ Dry ☐ Raw ☐ Rx Diet

Any recent changes to food? _____

☐ Table Scraps (type) _____

☐ Treats (type) _____

Supplements: _____

Medications: _____

Allergies/Sensitivities: _____

Temperament/Behavior (check all that apply):

☐ Harmless

☐ Protective

☐ Nibbler

☐ Friendly

☐ Aggressive

☐ Talker

☐ Excited

☐ Aggressive toward animals

☐ Inappropriate Urination

☐ Anxious

☐ Aggressive toward people

☐ Sensitivities to touch

☐ Separation Anxiety

☐ Biter

☐ Other _____

Known behavioral issues: _____

Past Medical History

Current Veterinarian: _____

Last Physical Exam: _____ Reason: _____

Last Dental Exam: _____

Previous Medical Conditions: _____

Previous Surgeries: _____

Reproduction History

☐ Previous Pregnancies # _____ ☐ Pregnant: Due Date _____

☐ Nursing: Litter Size # _____

Current Vaccinations

FIV ☐ Yes Date: _____ ☐ No ☐ Unsure

Rabies ☐ Yes Date: _____ ☐ No ☐ Unsure

Calicivirus ☐ Yes Date: _____ ☐ No ☐ Unsure

Distemper ☐ Yes Date: _____ ☐ No ☐ Unsure

Rhinotracheitis ☐ Yes Date: _____ ☐ No ☐ Unsure

Other Vaccines: _____

Any vaccine reactions? _____

Presence of Pests

☐ Fleas ☐ Ticks ☐ Mites ☐ Lice ☐ Worms ☐ Other: _____

Dewormer ☐ Yes Date: _____ ☐ No ☐ Unsure

Flea/Tick Treatment ☐ Yes Date: _____ Brand/Type: _____

Treatment duration? _____

How long have you been applying? _____

Any negative reactions? _____

What environmental factors are present?

Inside

- 1) Cleaners
Type/Brand _____

Surface Used On _____
- 2) Laundry
☐ Soap (Type) _____
☐ Dryer Sheets
☐ Bleach
☐ Fabric Softener
- 3) Air Fresheners
☐ Plug-ins
☐ Sprays
☐ Candles
- 4) Smoke
☐ Cigarette
☐ Wood Stove
☐ Pellet Stove
- 5) Fuel
☐ Gas
☐ Propane

Outside

- 1) Garage
Products used/exposed to _____

- 2) Yard/Pasture/Garden
☐ Fertilizers _____

☐ Weed Killers _____

☐ Moss Removal
Yard or Roof _____
- 3) Pests
☐ Rodents
☐ Flies
☐ Bees
☐ Ants
☐ Moles
Pest Control Products Used _____

Are there any negative energy stressors present?

Trauma _____

Other Animals

- ☐ New _____
☐ Old _____
☐ Aggressive _____
☐ Neighbor's Pets _____
☐ Other: _____

Family/Guests

- ☐ Separation Anxiety _____
☐ Someone Moving In/Out _____
☐ Death _____
☐ Birth _____

What is your concern/condition? _____

What are the symptoms? _____

How long has this been occurring? _____

If you have any of the following, please provide veterinary diagnosis, lab results, allergy tests, etc. _____

Is there anything else we should know? _____

Email completed forms & supporting documentation to:
diana@radiancewellnessservices.com