



Date: \_\_\_\_\_

### Animal Information

Name \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

DOB/Age \_\_\_\_\_ Weight \_\_\_\_\_

Stud    Gelding            Mare    Spayed

### Owner Information

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

### About

Obtained From: ☐ Breeder ☐ Friend ☐ Auction/Kill Pen ☐ Adopted (from) \_\_\_\_\_

Lives: ☐ Pasture ☐ Dry Lot ☐ Stall ☐ Boarded

Other animals in household: \_\_\_\_\_

Appetite: ☐ Normal ☐ Other \_\_\_\_\_

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

Current Feed/Brand: \_\_\_\_\_

Any recent changes to feed? \_\_\_\_\_

Treats (type) \_\_\_\_\_

Supplements: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies/Sensitivities: \_\_\_\_\_

### Temperament (check all that apply):

☐ Harmless

☐ Protective

☐ Nibbler

☐ Friendly

☐ Aggressive

☐ Kicker

☐ Excited

☐ Aggressive toward animals

☐ Other \_\_\_\_\_

☐ Anxious

☐ Aggressive toward people

☐ Separation Anxiety

☐ Biter

Known behavioral issues: \_\_\_\_\_

### Past Medical History

Current Veterinarian: \_\_\_\_\_

Last Physical Exam: \_\_\_\_\_ Reason: \_\_\_\_\_

Last Dental Exam: \_\_\_\_\_

Previous Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Surgeries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Reproduction History

Heat Cycle: \_\_\_\_\_

☐ Previous Pregnancies # \_\_\_\_\_ ☐ Pregnant: Due Date \_\_\_\_\_ ☐ Nursing

### Current Vaccinations

Rabies ☐ Yes Date: \_\_\_\_\_ ☐ No ☐ Unsure

Tetanus ☐ Yes Date: \_\_\_\_\_ ☐ No ☐ Unsure

Herpes ☐ Yes Date: \_\_\_\_\_ ☐ No ☐ Unsure

West Nile ☐ Yes Date: \_\_\_\_\_ ☐ No ☐ Unsure

EEE/WEE ☐ Yes Date: \_\_\_\_\_ ☐ No ☐ Unsure

Influenza ☐ Yes Date: \_\_\_\_\_ ☐ No ☐ Unsure

Other Vaccines: \_\_\_\_\_

\_\_\_\_\_

Any vaccine reactions? \_\_\_\_\_

\_\_\_\_\_

### Presence of Pests

☐ Ticks ☐ Mites ☐ Chiggers ☐ Lice ☐ Worms ☐ Bot Eggs ☐ Other: \_\_\_\_\_

Dewormer ☐ Yes Date: \_\_\_\_\_ ☐ No ☐ Unsure

Tick/Lice/Fly 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
  - ☐ Waterproofing
- 3) Air Fresheners
  - ☐ Plug-ins
  - ☐ Sprays
- 4) Smoke
  - ☐ Cigarette
  - ☐ Wood Stove
  - ☐ Pellet Stove
- 5) Fuel
  - ☐ Gas
  - ☐ Propane

**Outside**

- 1) Yard/Pasture/Garden
    - ☐ Fertilizers \_\_\_\_\_  
\_\_\_\_\_
    - ☐ Weed Killers \_\_\_\_\_  
\_\_\_\_\_
    - ☐ Moss Removal  
Yard or Roof \_\_\_\_\_
  - 2) 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](mailto:diana@radiancewellnessservices.com)