



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):

- |                                             |                                                    |                                              |
|---------------------------------------------|----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Harmless           | <input type="checkbox"/> Protective                | <input type="checkbox"/> Sensitives to Touch |
| <input type="checkbox"/> Friendly           | <input type="checkbox"/> Aggressive                | <input type="checkbox"/> Barker              |
| <input type="checkbox"/> Excited            | <input type="checkbox"/> Aggressive toward animals | <input type="checkbox"/> Jumper              |
| <input type="checkbox"/> Anxious            | <input type="checkbox"/> Aggressive toward people  | <input type="checkbox"/> Piddles             |
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Biter                     | <input type="checkbox"/> 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**

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

Distemper  Yes Date: \_\_\_\_\_  No  Unsure

Parvo  Yes Date: \_\_\_\_\_  No  Unsure

Bordetella  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@dinamicanimalservices.com](mailto:diana@dinamicanimalservices.com)