



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):

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Harmless | <input type="checkbox"/> Protective | <input type="checkbox"/> Nibbler |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Kicker |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Aggressive toward animals | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Aggressive toward people | |
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> 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 | Family/Guests |
| <input type="checkbox"/> New _____ | <input type="checkbox"/> Separation Anxiety _____ |
| <input type="checkbox"/> Old _____ | <input type="checkbox"/> Someone Moving In/Out _____ |
| <input type="checkbox"/> Aggressive _____ | <input type="checkbox"/> Death _____ |
| <input type="checkbox"/> Neighbor's Pets _____ | <input type="checkbox"/> Birth _____ |
| <input type="checkbox"/> Other: _____ | |
- _____

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