



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"/> Nibbler |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Talker |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Aggressive toward animals | <input type="checkbox"/> Inappropriate Urination |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Aggressive toward people | <input type="checkbox"/> Sensitivities to touch |
| <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

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@dinamicanimalservices.com