



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 Food/Brand: \_\_\_\_\_

Any recent changes to food? \_\_\_\_\_

Other Foods: \_\_\_\_\_

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

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

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

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

**Temperament** (check all that apply):

- |                                   |   |                                      |
|-----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Harmless | <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Nibbler     |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Protective         | <input type="checkbox"/> Talker      |
| <input type="checkbox"/> Excited  | <input type="checkbox"/> Aggressive         | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Anxious  | <input type="checkbox"/> Biter              |                                      |

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

**Past Medical History**

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Vaccinations**

Rabbit Hemorrhagic Disease  Yes Date: \_\_\_\_\_  No  Unsure

Rabbit Myxomatosis  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)