Pet Personality and Clinical Form

Kindly fill out the necessary details.

Owner Information

Kindly fill out the necessary details.

Full Name *

First Name Last Name

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

Address *

Street Address

City State

Zip Code

Animal Information

Kindly fill out the necessary details.

Name *

Species *

Current Diet/Food *

Age *

Sex *

Intact? *

- ☐ Yes
- ☐ No

Major Complaints *

Current Medications *

Elements

Check all boxes that applies to your pet.

FIRE *

- [ ] restless
- [ ] very friendly
- [ ] communicative
- [ ] affectionate
- [ ] communicative
- [ ] loves to be petted
- [ ] center of the party
- [ ] separation anxiety
- [ ] excess heat
- [ ] rapid heart rate
- [ ] heart problems
- [ ]

WOOD *

- [ ] decisive
- [ ] assertive
- [ ] confident
- [ ] strong
- [ ] impulsive
- [ ] athletic-stamina
- [ ] alpha animal
- [ ] ligament problems
- [ ] liver problems
- [ ] red eyes
- [ ] angers easily
- [ ] ear problems
- [ ] nail problems
- [ ] footpad problems
- [ ] anal sack issues

EARTH *

- [ ] relax, laid back
- [ ] sociable
- [ ] round and large
- [ ] loyal
- [ ] serene and balance
- [ ] cares for others (motherly)
- [ ] diarrhea
- [ ] constipation
- [ ] loss of appetite
- [ ] vomits
- [ ] gum disease
- [ ] weak muscles

- [ ] overeats-obese
- [ ] worries

WATER *

- [ ] careful
- [ ] curious
- [ ] self-contained
- [ ] likes to hide
- [ ] meditative
- [ ] slow & consistent
- [ ] rear weakness
- [ ] fearful
- [ ] bone & back issues
- [ ] urinary problems
- [ ] disturbed growths
- [ ] deafness
- [ ] reproductive problems

METAL *

- [ ] loves order
- [ ] obeys the rule
- [ ] aloof
- [ ] symmetrical body
- [ ] disciplined attitude
- [ ] good haircoat
- [ ] asthma
- [ ] dry skin
- [ ] sinus problems
- [ ] breathing disorder
- [ ] nose problems
- [ ] cough