



Pet Consult Questionnaire

Please fill out this information to the best of your ability if we are working on a specific health issue. This helps provide me with more comprehensive information.

Contact Information

Name *

First Name

Last Name

Email *

example@example.com

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Date *

Month Day

Year

Pet Information

Pet's name *

Breed *

Age *

Weight *

Sex *

Who referred you to Pennye? *

Pet Details

What problem(s) are your pet's experiencing? *

When did you notice the problem(s)? *

What have you done at home for the problem(s)? Has it been effective? *

What medical treatment has your pet received related to the issue? *

Please include all current medications / dose / how long taking it / was it helpful? *

Please list all supplements being given to pet. *

(Fish Oil, Herbs, Remedies, etc. | Include doses and how long your pet has been taking it)

What are you currently feeding your pet? *

Any foods that your pet cannot tolerate? What's your pet's reaction to it? *

Please list any other health conditions your pet has experienced from puppyhood/kittenhood forward? *

Is there any time of the day/year or other environmental factor that makes your pet feel better/worse? *

What type of exercise does your pet get? and how often? *

Does exercise or certain activities make your pet feel better/worse? If so, please describe. *

Have you noticed any of the following? *

- Change in appetite
- Vomiting
- Change in stools or urine
- Panting
- Coughing
- Weakness
- Disorientation
- Change in water consumption
- Change in personalty
- Other

Please explain any checked issues above: *

Is it hard to maintain your pets weight, or make them lose/gain weight? Please explain. *

Please provide your pet's vaccine history. Was Thuja used after vaccines? *

(List types of vaccines and dates if possible)

Has your pet ever been anesthetized? If so, for what? *

Please include any issues with recovery from anesthesia.

Does your pet prefer cool or warm areas? Soft or hard surfaces? *

Has your pet had abnormal lab tests? If so, please explain. *

Does your pet have strange behaviors? If so, please explain. *

Does your pet have nightmares or trouble sleeping? *

What are other pets in your household? *

How does this pet interact with them? *

Have there been any changes in your or your pet's schedule or life? *

What are the questions you hope to be answered in this consultation? *

What are your goals for your pet's day to day activities? Long term or short term? *

Chinese Pet Personality

This portion of our Pet Consultation form package is used to determine which course of action is most appropriate for your pet in terms of Traditional Chinese Medicine. Read through all 5 categories and their traits, mark the boxes of features that relates or describes your pet. Choose all applicable.

Fire *

- lively
- communicative
- very friendly
- affectionate
- loves to be petted
- center of the party
- insomnia
- separation anxiety
- excess heat
- rapid heart rate
- heart problems
- scared with no reason
- tongue ulceration

Water *

- careful
- curious
- self-contained
- likes to hide
- meditative
- slow and consistent
- rear weakness
- fearful
- bone and back issues
- urinary problems
- disturbed growth
- deafness
- reproductive problems

Earth *

- relax, laid back
- sociable
- round and large
- loyal
- serene and balance
- cares for others (nurturing)
- diarrhea

constipation
loss of appetite
vomit
gum disease
weak muscles
overeats/obese
worries

Wood *

decisive
assertive
confident
strong
impulsive
athletic stamina
alpha animals
ligament problems
liver problems
red eyes
angers easily
ear problems
nail problems
anal sack issues
seizures
dominant
fearless
hasty

Metal *

loves order
obeys the rules
aloof
symmetrical body
disciplined attitude
good haircoat
asthma
dry skin
sinus problems
beathing disorder
nose problems
cough

Pet's Primary Care Veterinarian & Contact Info *

Phone Number *

Please enter a valid phone number.

Spayed/Neutered? Age? *

How old when adopted? *