



• Peace • Balance • Health •

Health History Intake Form

Date: _____ **Animal's Name:** _____

Breed: _____ **Color:** _____

Male / Female - Altered / Unaltered (circle) **Age:** _____ **Weight:** _____

Exercise / Job: _____

Diet: _____

Supplements: _____

Appetite: _____ **Stools:** _____ **Coat:** _____

Surgery: _____

X-Rays: _____

Illness: _____

Injuries: _____

Orthopedic / Joint Issues: _____

Pain Management Protocol: _____

Medications: _____

Environmental Influences (living environment, new animals, changes, etc.)

Disposition Today: _____

Guardian and Contact Information

Four Paws Holistic Therapy reserves the right to contact your veterinarian with any questions about your animal(s).

Guardian Name: _____

Address: _____

Phone(s): _____ **Email:** _____

Veterinarian Name and Phone: _____

Referred by: _____

Years with Current Guardian: _____ **Previous**

Home: _____

Guardian's Goals and Objectives: _____

Notes: