



• Peace • Balance • Health •

# Health History Intake Form

**Date:** \_\_\_\_\_ **Pet's Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_

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

**Pet's Birthday** \_\_\_\_\_

**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:** \_\_\_\_\_

## Parent and Contact Information

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

**Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Veterinarian Name and Phone:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Years with Current Parent:** \_\_\_\_\_ **Previous Home:** \_\_\_\_\_

**Parent's Goals and Objectives:** \_\_\_\_\_

**Notes:**