



Confidential Client Health Intake Form - Pets

Please take the time to fill out this questionnaire thoroughly. The information you provide will assist me in formulating a complete health profile for your pet. All answers are confidential.

Pet's Name: _____ Age: _____ Breed: _____

Rescue? (please circle): Yes/No

How long have you had this pet? _____

Your Name: _____ Today's Date: _____

Email: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Veterinarian: _____ Telephone Number: _____

How did you hear about this practice? _____



Integrative medicine is a patient-focused, whole-person medical practice that uses a variety of disciplines including alternative and conventional Western medical therapies to provide safe, effective health care. How comfortable are you with integrative medicine (on a scale of 1-10)? _____

What other forms of alternative therapies/treatments has your pet received?

Do you feel these alternative therapies/treatments have helped?

Please share all issues and/or health concerns for which you are seeking care. Include dates of when symptoms first appeared and any diagnoses you have received. Provide as much detail as possible.

What makes your pet's conditions better? (Rest, movement, heat, cold, fresh air, eating, etc.)



What makes your pet's conditions worse? (Stress, environment, certain foods, repetitive motion, (etc.))

Is your pet experiencing pain? If yes, where? Rate your pain on a scale of 1-10.

Has your pet ever had a dental infection or tooth pulled? If yes, which and where?

Has your pet ever been exposed to mold? _____

Has your pet ever fallen or hit its head? _____

Has your pet had any surgeries? _____

Please describe your pet's diet: _____

How much exercise does your pet get each day? _____

Does your pet drink tap or filtered water? _____



What vaccines has your pet received (please include dates)? Rabies _____ DHPP _____
Lyme _____ Bordetella (Kennel Cough) _____ Leptospirosis _____ Other _____

To your knowledge, did your pet have any adverse reactions? _____

List ALL prescriptions and over the counter medications:

List ALL vitamins and herbal supplements:

Has your pet ever experienced any emotional trauma that you are aware of? (please describe):

Is there anything else you would like to share?
