

Pet Health History Form

Pet Name: _____
Owners Name: _____
Owners Address: _____
City: _____
State: _____ **Zip:** _____
Owners phone number: _____
Owners cell phone number: _____
Owners e-mail address: _____

Pet Information:

Age: _____ **Gender:** _____ **Neutered / Spayed At what age?** _____
Type of Pet: _____
Breed: _____
Where was the pet obtained? _____
Age of pet at time of possession? _____
Any known health issues with prior owner? _____
Rescue, Breeder, Other? _____

Chief Complaints:

1. _____
2. _____
3. _____
4. _____
5. _____

Other Issues: _____

I. Physical History

Eye Issues: Discharges (color, texture, amount) _____

Vision changes: _____
Lens health/cataracts: _____

Ear Issues: Discharges: _____
Color/texture/odor: _____
Hearing changes: _____

Nose: Discharges/color/frequency/seasonalities?: _____

Throat: Soreness, phlegm: _____

Respiratory Issues:

Breathing (rough, moist, wheezing, snoring): _____
Coughing (dry, moist, forceful, weak, hacking, seasonal, weather related): _____

Gastrointestinal:

Mouth: teeth, gums, salivation: _____
Appetite: amount: _____ time: _____ rate of eating: _____
Thirst: high/low/normal, small sips/large gulps _____
Vomiting: color, consistency, mucous, timing (immediately after eating?), frequency, violence: _____
Stomach sounds: gurgling, gas: _____
Feces: normal/loose/diarrhea/constipation: _____
mucous or blood in stools?: _____
straining?: _____
odor: strong?: _____
color: esp. very dark or very light (grey): _____

Diet:

Current diet: _____
How much?: _____
Food motivated? or indifferent?: _____

Eats slow/fast/in installments?: _____
Any food preferences or aversions?: _____
Sensitive to dietary changes?: _____
Are dietary changes possible?: _____
Could you provide home cooked meals?: _____
Will she/he accept supplements in food?: _____

Immunological HX:

What vaccines have been given in the last year?: _____
How many consecutive years have vaccines been administered?: _____
Has she/he ever had an adverse reaction to a vaccine?: _____
Does she have a HX of skin problems?: _____

Heart:

HX of circulatory problems: _____
Late sleeper or early riser? _____
Energy level: _____
Pacing/howling? _____
Erratic behavior? _____

Kidney/Urinary Bladder:

Disorders/blood values: _____
Cystitis: straining Y N
blood in urine Y N
crystals Y N
Urination: frequent/infrequent
Incontinence? what time of day? _____

Bones/Muscles/Ligaments:

Lameness location: _____
pain vs. stiffness: _____
First occurrence: _____
Frequency of recurrences: _____
Duration: _____
Better with motion/rest: _____
Worse with damp weather? _____
cold weather? _____
Fixed location or moving? _____
Warm to touch or cool? _____

Neurological Issues:

HX of seizures? _____
HX of neurological SX? _____
Time of occurrence/recurrence? _____

II. Personal/Family history

How long has he/she lived with you? _____
Are there other companion animals in the house? _____
Are there other people in the house? _____
What is his/her home environment like? _____
Where does he/she rank among other household members (human and animal)?

What is her/his personality like (dominant, submissive, passive, aggressive, etc)?

Does her/his personality change when away from home? _____
Has she/he ever expressed any unusual aggression? _____
Is she/he obedient or stubborn? _____
Is she/he possessive? (toys, people, food, etc.) _____

How does she/he react to strangers (protective)? _____

Is she/he nervous/anxious/shy/aggressive or skid-ish? _____

What emotional observations would you make about her/him? _____

III. General

Does he/she like to lie in the sun or shade? _____

Where does he/she usually sleep? _____

In what position does he/she lie? _____

Does he/she prefer physical activity or a more sedentary life? _____

Is she/he on any medications? (list) _____

Is she/he taking any supplements? (list manufacturer and indication as well) _____

Is she/he affected by the weather? _____

How does she/he tell you she/he is ill? _____

I acknowledge that the information that is provided for me and my pet is not intended to diagnose, treat or cure any illness or disease and I acknowledge those intentions when discussing any information to my pet's veterinarian. I understand that I will not hold Melissa Malinowski, ND, CNC legally responsible in any way for any information presented to me. Any information conversed and/or wellness plan discussed is to educate me and any decision that I make is my full responsibility. _____ initial

I acknowledge that the above information is my pets total health picture and that it is true to the best of my knowledge. I understand and agree that nutrition care at this office is not covered by insurance and that I am financially responsible for services rendered at the time of each service. _____ initial

The information exchanged during the consultations is confidential and any information needed to be provided to another health care practitioner, veterinarian or another party needs to have the client and Melissa's written consent. _____ initial

Any decision made regarding clients pets medications is the sole decision and responsibility of the client and the prescribing doctor and not the decision of Melissa Malinowski. _____ initial

Pet Consultation Charges: Hair Mineral Analysis cost is \$95. Test Interpretation, interpretation chart and corrective pet protocol is an additional \$35 - \$130 total _____ initial

Confirmation phone calls are needed to reserve your appt. Please return confirmation call whether you are or are not able to make your scheduled appt. _____ initial

Opened or expired supplements are non-refundable. _____ initial

Commitment to your pets designed corrective nutritional program will be vital in order to lay the foundation to healing and rebuilding in order to see results. _____ initial

I have completely read and thoroughly acknowledge all the information of this form.

Owners Signature _____

Date: _____