

INTEGRATIVE NUTRITIONAL THERAPIES  
WWW.INTEGRATIVENUTRITIONALTHERAPIES.COM

GRAND RAPIDS, MI 49505

616-365-9176 OFFICE

616-719-3422 FAX

## 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): \_\_\_\_\_

Constipation or Diarrhea? \_\_\_\_\_

Triggers? \_\_\_\_\_

**Diet:**

Current diet (please list name of food): \_\_\_\_\_

How long in this diet?: \_\_\_\_\_

Whole Food or Synthetic?: \_\_\_\_\_

Previous diet: \_\_\_\_\_

How much?: \_\_\_\_\_

Food motivated? or indifferent?: \_\_\_\_\_

Snacks?: \_\_\_\_\_

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? \_\_\_\_\_

Surgeries? List date, purpose and outcome:

\_\_\_\_\_  
\_\_\_\_\_

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**IT IS THE CLIENTS RESPONSIBILITY TO MAKE A COPY OF THE FOLLOWING DISCLAIMERS FOR THEIR RECORDS;  
TO FOLLOW AND UNDERSTAND THESE DISCLAIMERS WHILE WORKING WITH MELISSA MALINOWSKI, ND, CNC**

We are required by law to maintain the privacy of the protected health information in your records and to provide you with this notice of our legal duties and privacy practices with respect to that information. This privacy notice is located on the practices website ([www.integrativenutritiontherapies.com](http://www.integrativenutritiontherapies.com)) for your review. I acknowledge that I have read this privacy notice. \_\_\_\_\_ initial

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 exchanged 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

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:**

**Initial Consultation- \$75. Follow-up Consultations - \$1 per minute. \_\_\_\_\_ initial**

**Pet Hair Mineral Analysis is \$125. \_\_\_\_\_ 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: \_\_\_\_\_