

- 5. Year and month you acquired your pet. _____
- 6. Age of your pet at that time. _____
- 7. Briefly describe any special circumstances associated with acquiring your pet and his/her living conditions prior to your stewardship, plus any family history if known.

- 8. Briefly describe your pet as a youngster/any distinguishing characteristics?

- 9. Has your pet been used for breeding? Yes No
List any problems with this process including problems with offspring.

- 10. Does your pet commonly eat
– Own Stool/Other Pet’s Stool/Grass/Dirt/Strange Things/Other_____?

- 11. Characterize your pet’s current thirst. Normal/More/Less

- 12. Does your pet have a drinking water temperature preference? No/Cold/Warm

- 13. In general, does your pet seek Cool/Warm places to lie?

- 14. Does your pet have any fear/phobias?
Water/Bathing/Loud Noises/Strangers/Men/Women/Children
Storms/Dogs/Cats/Other_____

15. Circle any and all of the following organ systems your pet has ever had any problems with. Realize we are looking for even subtle changes that may seem insignificant. (Discharges, injuries, inflammations, tumors etc.)

Eyes/Vision	Nose/sinuses	Ears/Hearing	Lips
Tongue	Teeth	Gums	Face
Neck	Back	Hips	Tail
Front Legs/Feet/Toenails		Rear Legs/Feet/Toenails	
Throat/Esophagus	Wind Pipe	Lungs	Heart
Chest/Ribs	Stomach	Intestines	Colon
Anus	Anal Sacs	Liver/Gallbladder	Pancreas
Abdomen	Kidneys	Bladder	Urethra
Penis	Prostate	Scrotum	Testicles
Vulva	Vagina	Uterus	Ovaries
Lymph Nodes	Skin/Fur	Muscles	Bones
Ligaments	Brain/Behavior/Learning		Spinal Cord
Nerves	Blood	Bone Marrow	

16. Circle any and all of the following conditions your pet has ever had. (There may be some overlap from question 11.)

Sneezing	Coughing	Shortness of Breath	Bad Breath
Drooling	Vomiting	Stomach Noises	Burping
Diarrhea	Gas	Straining to Defecate	Abnormal Stool
Straining to Urinate	Abnormal Urine	Cystitis	Urine Incontinence
Swellings	Tumors	Infection	Itching/Licking/Biting
Hair Loss	Dry Skin	Flaky Skin	Oily Skin
Allergies	Unusual Odors	Weakness	Paralysis
Seizures	Tremors/Shaking	Pain	Stiffness
Injury/Trauma	Restlessness/Anxiety	Agitation/Aggression	Separation Anxiety
Active Dreaming (Paddling, Crying)			Exposure to Toxins

17. How many ___ dogs and ___ cats currently share your home (not counting this patient.)

18. How many ___ adults and ___ children are in the household.

19. Does your pet perform any function? Breeding/Guarding/Hunting/Showing
Other _____

20. Describe any current family stress situations. (Moving, new baby, divorce, etc.)

21. Eating habits: What do you feed your pet?

Brand(s) _____ Canned/Dry

Number of feedings per day ____ or Free Choice?

Amount per feeding _____

22. List all medications your pet is currently taking.

Medicine Name	Mg Strength	Amount and How Often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. List all supplements and herbs your pet is currently taking.

Supplement Name	Strength	Amount and How Often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. Characterize your pet's appetite.

-as it is right now -- Ravenous/Large/Normal/Poor/None

-as it has been in the past -- Ravenous/Large/Normal/Poor/None