



Vale Park Animal Hospital

NATURAL PET CONSULTATION FORM

We appreciate your interest in integrative medical care for your pet. To help the doctor better assess your pet's condition, please take a few minutes to fill out this form as completely and accurately as possible. PLEASE BRING YOUR PET'S MEDICAL RECORDS FROM PREVIOUS VETERINARY VISITS WITH YOU.

Your Name _____ Pet's Name _____ Date _____

Referred by Whom _____ What veterinarian regularly cares for your pet? _____

What problem(s) is your pet currently experiencing? _____

When did you first notice today's problem? _____

What, if anything, have you done for the problem(s)? _____

Is there a time of day or time of year that makes today's problem(s) better or worse? _____

Does exercise or certain behaviors influence the problem? _____

Have you noticed vomiting, change in stools, change in water consumption/appetite or change in personality? _____

Please list all current medications: _____

Please list all current supplements (vitamins, herbs, etc.) and the doses: _____

What are you currently feeding your pet? _____

How much food do you feed your pet and how often? _____

What treats do you feed your pet? _____ How many treats per day? _____

Is it hard to maintain your pet's weight? _____

How much exercise (not including play inside the house) does your pet receive and how often? _____

Please list any other health problems your pet has *previously* experienced and when they occurred: _____

Has your pet been diagnosed with a medical condition? _____ What? _____ When? _____

What symptoms is your pet demonstrating relating to this problem? _____



What medical treatment has your pet received for this problem? _____

Did your pet have any medical problems as a puppy or kitten? (Include any history of parasites, demodectic mange, ear mites, kennel cough, parvo virus, etc.) _____

Has your pet ever had a vaccination reaction? (including personality changes after vaccination) _____

What symptoms appeared? _____

When was your pet last vaccinated? For what? _____

Has your pet ever had to go to the Emergency Veterinarian? Please Explain: _____

What has your pet been anesthetized (undergo anesthesia) for? _____

Has your pet ever had a skin problem? Describe it: _____

Does your pet eat rocks, sticks, grass, strange things? Please Explain: _____

Does your pet prefer or seek cool areas, warm/soft areas, or no preference? _____

Has your pet ever had abnormal blood test results? Please Explain: _____

Any history of reproductive or urinary problems? Please Explain: _____

Does your pet have any strange behaviors? Please Explain: _____

Does your pet have nightmares, or fight with other pets? _____

What other pets do you have? How does this pet interact with them? _____

Do any behaviors change seasonally? _____

Does your pet crave certain foods? _____

Any known allergies? _____

Any regular episodes of diarrhea, vomiting, anorexia, constipation? _____

Have there been any recent changes in the pet's life/schedule? _____

What are your goals of this visit:

Do you have specific questions you'd like answered at your visit?

