



New Patient Questionnaire

General Information:

Owner Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Cell: _____ Work: _____

Pet Name: _____

Date of Birth: _____ Sex: _____ Spayed/Neutered: y/n

Species: _____ Breed: _____

Presenting Concerns:

What is the reason for your upcoming visit?:

Why did you decide to seek holistic/alternative care for your pet?

What are the goals you hope to attain by coming to the Animal Healing Center?

History:

Age when pet was acquired?

Where did you acquire your pet (ie: breeder, pet store, shelter, stray)?

Why did you choose this individual pet?

What other pets are in the household? Do they get along?

Personality type/behavior(check all that apply):
 Happy grouchy moody
 sensitive shy dominant submissive aggressive prefers routine
 easy going needy stubborn pushy fearful energetic
 hyperactive gets along with people gets along with cats dogs

Medical:

Does your pet have a current, specific medical problem?

Please list all the problems your pet may have or has had, date of onset and resolution, frequency of symptoms and severity. Be sure to include any treatments conventional (ie. surgery, antibiotics, steroids) or holistic (ie. acupuncture, chiropractic, herbs, supplements):

1. _____

2. _____

3. _____

4. _____

Do you use heartworm preventative (if so, what kind and how often)?

Do you use flea/tick preventative (if so, what kind and how often)?

Does your pet take any current medications? If yes list dosage, frequency and duration:

Does your pet take any supplements? If yes, list specific products, dosage, frequency and duration:

Please list ALL of the vaccines that your pet may have had in their life, please be specific and note frequency (i.e. every year, every 3 years):

Diet/Environment:

What specifically does your pet eat (home-prepared, raw, kibble, canned). Please be very specific:

How long have you been feeding this diet?

How many meals per day does your pet eat?

Quantity of food fed?

Would you be willing to cook food for your pet?

What kind of treats does your animal eat (include everything):

Is water available at all times, how often is it changed, what kind of water (bottled, filtered, tap)?

Any dietary sensitivities or food allergies?

How often do you wash the food and water bowls?

Does your pet have any unusual cravings (ie. Grass, dirt, rocks, feces, plastic, metal)?

Have there been any major changes in the pet's household environment (moving, marriage, death of other pet or human, divorce, new pet)?

How would you describe the household environment for your pet (ie. Calm, stressful, chaotic, mellow, lonely, crowded)?

Behavior:

Is your pet aggressive? if so, in what situations?

Does your pet have any anxieties (separation, loud noises, ect.)

How does your pet react in new situations? With new people?

Grooming:

Is your pet groomed? If yes how often?

How often is your pet bathed?

What shampoo or conditioners are used?

Exercise:

How does your pet get exercise (ie. Leash walks only, beach, agility)?

How often and how long?

Describe your pet's activity level and how often he/she gets exercise?

Does your pet have free access to the outdoors, if so how big is the yard?

Describe a typical daily schedule for your pet:

Would you be willing to massage your pet on a daily basis?

Other:

Please list all the people and animals currently living in the household:

Does anyone in the household receive holistic medical treatment (ie. Acupuncture, chiropractic care, massage, supplements), if yes please describe:

