

# Sacred Beings Holistic Healthcare

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**Please complete this form and mail, fax or email it back before our first appointment.**

## Intake Form

### Owner Information

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Tel: \_\_\_\_\_

Stable: \_\_\_\_\_ Tel: \_\_\_\_\_

Farrier: \_\_\_\_\_ Tel: \_\_\_\_\_

### Animal Information

Horse  Dog  Cat  Bird  Ferret  Other \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed \_\_\_\_\_

Color: \_\_\_\_\_ Size: \_\_\_\_\_ Weight: \_\_\_\_\_

Markings: \_\_\_\_\_

Discipline: \_\_\_\_\_

How long have owned this pet? \_\_\_\_\_

Where or how did you obtain this pet? Breeder  Shelter  Friend  Other \_\_\_\_\_

Main Complaint: \_\_\_\_\_ How Long? \_\_\_\_\_

Better/Worse: \_\_\_\_\_

Previous Dx: \_\_\_\_\_

Current Medicinals/Supplements: \_\_\_\_\_

Please provide a detailed timeline of symptom occurrence, treatments, lab tests, and medications.

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Is your pet on a regular vaccination schedule? Please check the most appropriate:

Dogs/Cats: Yes  No  if "no" how often \_\_\_\_\_

Horses: Spring Vaccination  Fall  More (details) \_\_\_\_\_

Please check off the following vaccines your pet has had in the last year?

<b><u>Dog</u></b>	<b><u>Cat</u></b>	<b><u>Horse</u></b>
Parvo/Distemper <input type="checkbox"/>	Feline Leukemia <input type="checkbox"/>	WEE <input type="checkbox"/>
Rabies <input type="checkbox"/>	Rhinotracheitis <input type="checkbox"/>	WNV <input type="checkbox"/>
Hepatitis <input type="checkbox"/>	Rabies <input type="checkbox"/>	Tetanus <input type="checkbox"/>
Bordatella <input type="checkbox"/>	Feline Panleukopenia <input type="checkbox"/>	Flu/Rhino <input type="checkbox"/>
Other _____	Other _____	Other _____

Do you know if they were 'Killed' vaccines or modified Live? Killed  Mod. Live  Don't Know

Has he/she ever had an adverse reaction to a vaccine? Yes  No

If 'Yes' Which ones? \_\_\_\_\_

Does your pet have any history of injury, illnesses or surgeries? Please List: \_\_\_\_\_

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### **Nutrition**

What food do you feed ? \_\_\_\_\_

How much/How often? \_\_\_\_\_

Is he/she food motivated or indifferent? \_\_\_\_\_ Eats slow or fast? \_\_\_\_\_

Have any likes or dislikes of food? \_\_\_\_\_

Is he/she sensitive to diet changes? \_\_\_\_\_ Are dietary changes possible? \_\_\_\_\_

Would you be able to provide home cooked meals for your pet? \_\_\_\_\_

Is he/she easy to medicate? \_\_\_\_\_ Would he/she accept supplements in food? \_\_\_\_\_

What is water intake? \_\_\_\_\_ Big or small laps? \_\_\_\_\_ What temp? \_\_\_\_\_

Is your pet having bowel changes (color, consistency or frequency)? \_\_\_\_\_

Has your pet ever had any skin, ear, or eye problems (discharges, lesions, etc..)

\_\_\_\_\_

How were they treated? \_\_\_\_\_

What is your pets home environment like? \_\_\_\_\_

Are there other pets in the house? \_\_\_\_\_

Where does he/she rank among other household members (human and animal)?

\_\_\_\_\_

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

\_\_\_\_\_

Does his/her personality change when away from home? (explain) \_\_\_\_\_

\_\_\_\_\_

Has he/she ever expressed any unusual aggression? (explain) \_\_\_\_\_

Is he/she obedient or stubborn? \_\_\_\_\_

Is he/she possessive? (toys, people, food, etc.) \_\_\_\_\_

How does he/she react to strangers? \_\_\_\_\_ Protective? \_\_\_\_\_

What mental or emotional observations would you make about him/her? (likes to be fussed over, is clingy, etc.) \_\_\_\_\_

\_\_\_\_\_

Does he/she have any irrational fears (thunder, fireworks, etc)?

\_\_\_\_\_

How does he/she react to new or unusual situations or people?

\_\_\_\_\_

How does he/she behave when people come to the house?

\_\_\_\_\_

How does he/she work under saddle/show ring etc.?

\_\_\_\_\_

Does he/she exhibit particular symptoms when stressed out?

\_\_\_\_\_

How well does your pet like to travel?

\_\_\_\_\_

How does he/she react to being reprimanded?

\_\_\_\_\_

Have there ever been personality changes?

\_\_\_\_\_ When? \_\_\_\_\_

Has he/she ever expressed grief?

\_\_\_\_\_ How did you know? \_\_\_\_\_

Under what circumstances did they grieve?

\_\_\_\_\_

Do you feel that grief caused any physical ailments?

\_\_\_\_\_

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?

\_\_\_\_\_

Has he/she ever displayed any obsessive compulsive behaviors?

\_\_\_\_\_

Have you ever used alternative modalities before?

\_\_\_\_\_

Is he/she on any medications (list)?

\_\_\_\_\_

Is he/she on any supplements (list)?

\_\_\_\_\_

Has he/she ever had any allergic responses to anything?

\_\_\_\_\_

When did problem(s) begin? (after vaccine or emotional upset, etc. )

\_\_\_\_\_

Is he/she affected by weather?

\_\_\_\_\_ Seasons? \_\_\_\_\_

How does your pet tell you he/she is ill?

\_\_\_\_\_

Does he /she act differently at the veterinarian and how?

\_\_\_\_\_

**\* Please use an extra sheet if you need more space.**