

AboutYourHealth, LLC

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Connecting Your Pets Dots... To Better Health!

■ Pet Intake Form

1. Basic Pet Information

Client Name:

Date:

Phone:

Email:

Pet's Name:

Animal Type (dog, cat, llama, etc.):

Male

Female

Spayed

Neutered

Approx. Age at Spay/Neuter:

Approx. Age Now:

Birth Month/Year (if known):

Had pet since birth

Did not have since birth

If no, since when?

Circumstances of acquisition:

2. Vaccination History

List any and all vaccines you recall:

List any problems or reactions following vaccines:

3. Medication History

List any medications your pet has been given:

List any medication reactions you recall:

4. Health History

List any noted illnesses, traumas, or surgeries:

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Explain details (dates, circumstances, outcomes):

5. Primary Concerns

1. Concern:

Visible symptoms:

2. Concern:

Visible symptoms:

3. Concern:

Visible symptoms:

6. Eating Habits

Type of food:

Good eater

Picky eater

Other

Additional notes on appetite or digestion:

7. Social & Emotional Environment

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Other people or animals in the pet's lifetime:

Loss of other people or animals that may have impacted your pet:

Relationship issues in the home (if any):

Who is the pet closest to?

Who is the pet most distant from?

Gets along with other pets

Does not get along with other pets

If no, please explain (jealousy, anger, fear, aggression, sadness, or other):

8. Physical Condition

Overweight

Underweight

Average weight

List any diagnoses or medical conditions:

Additional Notes

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