

## New Patient Intake Questionnaire

Name

Address

Cell Phone

Home Phone

Work Phone

Email

Pet's Name

DOB/Age

Weight

Species

Sex

Spayed/Neutered

Breed

Color

Current regular veterinary clinic and any specialists

### Presenting Concerns

What is the reason for your upcoming appointment?

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

What are the goals you hope to attain by working with Animal Healing Arts?

### History

Age when pet was acquired?

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

**Why did you choose this individual pet?**

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

## **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

Personality type/behavior (check all that apply)

Comments

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

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

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?

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:**