

Animal Health History Intake Form

Date: _____ Type: Horse Dog Cat Other _____

Animal Name: _____ Breed: _____

Male / Female _____ Age: _____ Color: _____

Weight: _____ Exercise: _____ Diet: _____

Appetite: _____ Stools: _____ Respiration: _____

Hydration: _____ Surgery: _____ X-Rays: _____

Illness: _____ Injury: _____

Coat (dull, shiny, bare spots/marks; obvious lacerations or injuries): _____

Joints/Orthopedic Issues: _____

Current Pain Management Protocol: _____

Medications: _____

Supplements: _____

Environmental Influences (living environment, stress, other pets, new baby, etc.):

Disposition: _____

Guardian and veterinary Contact Information

*The practitioner reserves the right to contact your veterinarian with any questions about your animal(s).

Years with Current Guardian: _____ Previous Home: _____

Guardian Name: _____

Address: _____

Email: _____ Phone(s): _____

Veterinarian Name & Phone: _____

Referred by: _____

Guardian's Goals & Objectives:

