

## Integrative Medicine Intake Form

To ensure that your pet gets the best care we can offer, please complete the form to the best of your ability and email back to [info@sfhealthypets.com](mailto:info@sfhealthypets.com).

**Client's Name:**

**Pet's Name:**

**Pet's Date of Birth:**

**Pet's Breed:**

1. What are the signs/symptoms your pet is showing?
  
  
  
  
  
  
  
  
  
  
2. When did these signs/symptoms start? Have they occurred before? If so, when?
  
  
  
  
  
  
  
  
  
  
3. Has your pet been given any medications for these symptoms? If so, please list:

<u>Medication</u>	<u>Dose</u>	<u>Date started/finished</u>
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- a)
- b)
- c)
- d)

4. Have the medications helped to reduce the symptoms?

5. Is your pet on any other medications, including herbal or other supplements?  
Please list.

6. Does your pet have any other major medical problems, or has he/she been hospitalized before?

Yes  No

If yes, please explain:

7. Does your pet have any of the following? (please check all that apply)

Decreased appetite

Increased energy level

Increased Drinking

Increased appetite

Sneezing

Diarrhea

Decreased energy level

Vomiting

Increased Urination

Urination Incontinence

Coughing

8. Eyes

Has there been any discharge? Include color, texture, amount in your response.

Vision changes?

Lens health/cataracts?

9. Ears

Has there been any discharge? Include color, texture, odor in your response.

Hearing changes?

**10. Nose**

Has there been any discharge? Include color, frequency, seasonal commonality in your response.

**11. Throat**

Have you noticed any soreness or phlegm?

**12. Respiratory (please check all that apply)**

Breathing:  Rough  Moist  Wheezing  Snoring

Coughing:  Dry  Moist  Forceful  Weak  Hacking

Seasonal or weather related  yes, please explain:

**13. Gastrointestinal**

Have you noticed any issues with the following (please check all that apply):

Mouth (including teeth, gums, salivation)

Appetite (include amount, time, rate of eating)

Vomiting Issues (include color, consistency, mucous, timing, frequency, violence)

Stomach sounds

Please explain:

**14. Feces**

Have you noticed any issues with the following (please check all that apply):

Normal  Loose  Diarrhea  Constipation

Mucus in stool  Blood in stool

Straining  Odor  Color changes

Please explain:

**15. Diet**

How much does your pet eat and how often?

What does your pet eat?

Food motivated?  Yes  No

Rate of eating?  Slow  Fast

Any food preferences or aversions?

Is your pet sensitive to dietary changes?

Are dietary changes an option?  Yes  No

Could you provide home cooked meals?  Yes  No

Will your pet accept supplements in food?  Yes  No

**16. Immunological**

What vaccines has your pet been given in the last year?

Has your pet ever had an adverse reaction to a vaccination?  Yes  No

Does your pet have a history of skin problems?  Yes  No

If yes, please explain:

**17. Heart**

History of circulatory problems?

Late sleeper or early riser?

Energy level?

Pacing/howling?

Erratic behavior?

**18. Kidney/Urinary/Bladder**  
**Any disorders, irregular blood values or cystitis?**

**Urinating**

**Any straining?** Yes No

**Blood in urine?** Yes No

**Crystals?** Yes No

**19. Any additional questions, concerns, or comments you like the Integrative Veterinarian to know about?**