ALL ABOUT PETS, INC.
VETERINARY SERVICES & BOARDING KENNELS
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CONVENTIONAL CARE, ACUPUNCTURE, HOMEOPATHY, VETERINARY ORTHOPEDIC MANIPULATION, & NUTRITIONAL THERAPY.

Integrative Medicine: HEALTH HISTORY

Patient Name: ________________ Age: ________ Sex: ____ Altered: ____ Breed: ______________
Color: __________________ Weight: _______________

PERSONAL HISTORY – Getting to know you and your companion

When did your pet join your family? ____
Under what circumstances? ____
____
What age was your pet? ____
How would you describe his/her state of health at that time?________________________________
____
How would you describe his/her personality when acquired? ________________________________
____
Has the personality or state of health changed since then? How? ____________________________
____
Can you describe the quality of the relationship you have with your pet? ______________________
____
How much time do you typically spend together and what is your favorite activity? _______________
____

GENERAL HEALTH REVIEW – Describe the following about your pet:

Date of last blood work: ________ X-ray _______ (Please Bring Copies)
Personality: (circle) sweet happy temperamental aloof quiet loud
dominant passive excited snippy sad anxious calm fearful yappy
Other: ____
Things he/she really enjoys: ____
____
Things he/she really hates or fears: ____
____
Anxieties or stresses ____
____
Relaxes easily? ____
Quality and length of sleep ____
Wakes refreshed? ____
Prefers warmth or cold? In what way? ____
____
Does he/she like fresh air and sunshine? ____
Likes soft(eg. blankets) or hard (eg. tile floors) places to rest? ______________________________
____

ACTIVITY LEVEL

How active is your pet? ______________________________

____

Describe level of energy ______________________________

____

Does he/she tire easily? If so, do they pant, have problems breathing, etc.? ______________________________

____

NUTRITION

What type of food do you feed? ______________________________

Previous foods (if any)? ______________________________

Any homecooked food? ______________________________

Additional foods or treats? How many and how often? ______________________________

____

Food preferences? ______________________________

Temperature of food and water preferred? ______________________________

Level of appetite? ______________________________

Amount of water intake (thirsty or thirstless)? ______________________________

HISTORY OF HEALTH CONCERNS

Earliest symptoms you remember your pet experiencing ______________________________

____

When noticed? Duration? ______________________________

____

____

Medications given ______________________________

Response to medications ______________________________

____

Events preceding or surrounding the onset of symptoms ______________________________

____

Vaccinations preceding symptoms? ______________________________

If so, what type and when? ______________________________

Specific diagnosis ______________________________

Additional symptoms and diagnoses (please list in chronological order with the information asked above)

____

____

____

____

____

____

____

____

____

____

____

____

Tendency towards illness? ______________________________

____

Chronic disease tendency or problems ______________________________

Heals quickly or slowly from illness ____

CURRENT HEALTH CONCERNS

Current medications: What and why?____
____
____

Vitamins and/or supplements: What and why?_______________________________________
____
____
____

ARE THERE ANY TYPES OF MEDICAL TREATMENT THAT YOU ESPECIALLY WANT TO CONSIDER? (e.g., acupuncture, herbs, supplements, massage, Traditional Chinese Medicine, homeopathy, etc.)____
____
____
____
____
____

WHAT ARE YOUR GENERAL EXPECTAIONS FOR YOUR PET'S CONDITION? (cure, better quality of life, increased longevity, fewer medications, etc.)____
____
____
____
____