



ANIMAL HEALTH HISTORY QUESTIONNAIRE

PLEASE ATTACH IN EMAIL A FULL BODY PHOTO OF YOUR PET AND IRIS PHOTOS LABELED LFT AND RIGHT EYE.

Pet Name:

Breed:

Weight:

Age:

Spayed or Neutered?

Guardian Name:

Address:

Phone number:

Email:

Who referred you? Or How did you find us?

Where did you obtain your pet and what age was the pet?

Date of last vaccinations?

How often do you vaccinate?

what vaccinations where he/she vaccinated for?

General health condition of your pet?

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General health condition of your pet?

Has your pet been diagnosed by a veterinarian with any illness or health problems? If so, what?

Include information about any past or recent surgeries.

Please list all diagnoses and how long problems have been occurring, as well as any symptoms still persisting.

Is your pet currently on any medications (include any recent courses of steroids or antibiotics)? If on prescription medications, what were the medications prescribed for and how long has your pet been taking the medications?

Have there been changes associated with being on the medications?

Is your pet on any parasite prevention products (Heartguard, Frontline, Ivermectin, Advantage, Mycodex, etc.)? Which ones and for how long?

Does your pet exhibit any of the following physical conditions?

Please check with an X and explain any yes answers.

- Allergies
- Ear problems/infections, mites
- Arthritis/joint stiffness
- Eye infections/drainage/irritation
- Autoimmune disorders
- Heart problems
- Cancer/tumors
- Reproductive problems
- Cataracts/vision problems
- Seizures
- Deafness/hearing impaired
- Skin/coat problems
- Digestive difficulties
- Skeletal abnormalities (hip dysplasia, etc.)
- Lyme Disease/tick Bourne Diseases
- Bile Vomiting
- Other:

Explain any yes answers:

Does your pet exhibit any of the following temperament problems?

Please explain any yes answers.

- Aggressive behavior
- Dominance issues
- Barking (excessive)
- Doesn't get along with others
- Biting
- Pacing
- Chewing/licking on objects
- Scratching
- Chewing/licking on self
- Separation Anxiety

Other:

Explain any yes answers:

Describe in as much detail as possible our pet's current life -style in terms of walks, playing times, exercise, how long alone, sleep, and interactions with other people or dogs.

Current diet- please include as much information as possible such as brand name of food, the of food your pet gets at each feeding, how many feedings a day, how long your pet has been on the type of food, what was your pet eating before the current food, how many times you have switched pet food and what brands.

What type of food and water bowl to you use?

How much water intake does your pet get?

Does your pet ever vomit? How long has it been going on?

How often does your pet defecate? What is the consistency(soft, hard, runny,)
Do you see food in stools?

List the names of all supplements, vitamins, and any other foods, table scraps, or treats you are giving your pet. Please list everything, for example, how many treats your pet gets daily, etc.

What brands of laundry soap, floor or counter cleaners do you use?

What cleaning products do you use in your home-for floors, furniture, walls, windows and bathrooms?

What products do you use in your yard? Do you use pesticides and/or chemical fertilizers on the lawn?

What are your top three main concerns for your pet?

By signing this form and dating this form, you acknowledge that the information above is true and accurate to the best of your knowledge.

If emailing this form:

By entering your name and initials, you are signing this document electronically. You agree that your electronic signature is the legal equivalent of your manual signature. You also agree that no certification authority or other third party verification is necessary to validate your electronic signature

DISCLAIMER:

Animal health consultations are not intended as a substitute for the advice of a physician or vet. This information is not intended as a substitute for your independent judgment and personal responsibility.

Tamra Rose is Health Consultant, Iridologist, and Regenerative Detoxification Specialist. She is not a medical physician, and the information, suggestions, and recommendations that she provides are not prescriptions. When you pursue alternative remedies, you are taking full responsibility for your own health decisions, and it is recommended that you consult with a qualified physician to monitor your progress. This is especially the case if you currently take pharmaceutical drugs, as your dosage requirements will likely change as the body heals.

I agree and have read the disclaimer.

Please print your name:

Initials:

Date: