



GENERAL HISTORY FORM (please type or print; please be brief)

Pet/Client Name: _____

Date: _____

Who is your regular veterinarian? _____

What is the major problem that you are concerned about?

How long has the problem been going on?

Have you been given a diagnosis by a veterinarian or other practitioner? Lab work, tests, xrays?

What other problems does your pet have?

What signs or symptoms does your pet have?

What vaccines has your pet received, and when were they last administered?

What are you feeding your pet?

What medications are you currently giving to your pet? Include heartworm medicine, flea treatments, herbs, vitamins, and supplements.

What medicines or treatments have you used for the current problem(s)?

What do you wish to accomplish with complementary and alternative veterinary medicine?
(What is your goal?)

Any other information that you think might be important?

I am interested in (please circle) spinal manipulation, acupuncture, herbal therapy, nutritional therapy, other: _____.