

HEART TO HEART HOLISTIC HEALTH CARE FOR PETS
1707 E. 11TH AVE
SPOKANE, WA 99202
509-214-2676

CLIENT QUESTIONNAIRE

Client name: _____

Address: _____

Phone: _____

e-mail address: _____

Spouse name: _____

Regular veterinarian: _____

Other pet's in household: name, species, age:

Are you in favor or opposed to the use of conventional medication? Explain-

How did you find out about my services?

Has anyone in your household had alternative therapy used on them? If so, explain:

What results do you hope to obtain by coming here?

Individual Pet Information

Pet's name: _____

Species (cat, dog, etc): _____

Age: _____, Approximate weight: _____

Sex (include if it has been spayed or neutered): _____

Breed: _____, Hair color: _____

What do you feed your pet? all dry food _____ dry and canned _____
home-cooked _____ raw diet _____

If feeding commercial diet, what is the brand name: _____

How often do you feed your pet? _____

Would you be willing to cook food for your pet? _____

Does your pet have any food allergies? _____

Does your dog have cravings for dirt, grass, rocks, etc.? _____

What supplements do you give?

Where did you obtain this pet?

How old was this pet when you obtained it?

Where does this pet spend its time? Daytime: _____ Night time: _____

Is this pet left alone often?

How would you describe your pet's personality (happy all the time, alpha dominating, fearful or shy, aloof):

What is this pet's appetite like? Always finishes food, big eater, picky eater?

How much water does this pet drink? Big drinker, normal, not much?

Does this pet prefer to stay cool or warm?

Does this pet have a hard time going to sleep or does it awaken at night on a regular basis? If so, about what time at night does this happen?

How much exercise does this pet get and how is this obtained? (leash-exercise, yard play, etc)

Do you consider this pet's environment (your home) to be a healthy, happy environment or is there a consistent source of stress that this pet is exposed to? Please don't take this personal, but it is imperative to know this in regards to the pet's health. You do NOT have to be specific.

Does this pet have a lot of energy, likes to go constantly or prefers too lounge on the couch and nap?

PET'S HEALTH:

What is the primary reason that you have brought this pet to see me?

Please list any medications and dosages that your pet is currently taking:

Is your pet on heartworm prevention or topical flea/tick preventative?
Is this pet current on its vaccinations?

How frequently is this pet vaccinated? Yearly, every three years, less than that?

Does this pet have any known allergies (grass, weeds, trees, molds, etc)?
How have they been addressed?

Has your pet had any of the following problems that required veterinary care? Please check the appropriate conditions.

- skin infections _____
- ear infections _____
- seizures _____
- persistent or recurring pain _____
- vomiting or diarrhea _____
- urinary problems _____
- dental disease _____
- surgery other than neuter or spay _____
- joint, muscle or bone problems _____
- behavior disorder _____
- autoimmune disease _____
- cancer _____
- other _____

Please go into detail any of the above problems including veterinary care, lab work, x-rays, treatment, etc.:

For the initial examination and consultation, please bring a copy of the pet's medical record including laboratory results, treatments, etc. Also, bring x-rays (radiographs) that have been taken by your regular veterinarian if they are relevant to the condition being addressed.

Waiver of liability: I AM AWARE THAT COMPLEMENTARY AND ALTERNATIVE MODALITIES OF TREATMENT FOR PETS IS NOT ACCEPTED BY THE SCIENTIFIC MEDICAL COMMUNITY AND THAT DR. THOMAS HAS NOT RECOMMENDED HIS TREATMENTS OR RECOMMENDATIONS TO REPLACE, ALTER OR ELIMINATE ANY CURRENT METHODS OF TREATMENT. I AM ALSO AWARE THAT ALTERNATIVE MODALITIES FOR PET HEALTH REGARDS RE-ESTABLISHING BALANCES IN THE BODY AND USUALLY REQUIRES LONGER PERIODS OF TREATMENT. I RELEASE ALL LIABILITY FOR DR. DENNIS THOMAS AND ALLOW HIM TO PROVIDE APPROPRIATE TREATMENT, RECOMMENDATIONS AND GUIDELINES FOR MY PET.

Signed: _____

date: _____