

Intake Form ~ Pets

Animal Patient's Name: _____ **Date:** _____

Age: _____ **Weight:** _____ **Sex:** _____ M ____ / ____ F ____

Guardian: _____ **Breed:** _____

Address: _____

City: _____ **Postal Code:** _____

Phone: _____ **Cell:** _____ **Email:** _____

Veterinarian: _____ **Phone:** _____

Occasionally e-mails are sent out with new information or health seminar dates, may we include you? YES /NO?

What are the **CHIEF CONCERNS** in order of priority for your pet? Since when?

Can you trace the **ORIGIN** of your illness to any particular circumstance, accident, illness, incident or mental upset? (e.g., shock, worry, dietary, overexertion, weather)?

What makes the problem(s) better or worse:

What time of day is the problem the worst?

List any **BOWEL CHANGES** (colour, frequency, consistency, behavior):

List any recent BEHAVIOURAL changes:

What FEARS does your pet have?

How does he/she react to new people, new situations?

Any past/present SKIN problems?

DIET:

Brand _____

Changes in eating pattern? _____

Amount _____

Likes/dislikes to eat? _____

WATER intake (amount/temperature):

SLEEP – where does your pet like to sleep? In what position?

Has your pet been SPAYED/NEUTERED?

Please list any major SURGERIES your pet has had in the past including dates:

Has your pet had any INJURIES?

When?

What VACCINATIONS has your pet had? Were there any adverse reactions? If so what were they?

Please list any MEDICATIONS your pet is currently on, including homeopathic or natural remedies.

Client Acknowledgement

MEDICAL/PROFESSIONAL WAIVER

I hereby attest to the following:

I fully understand that Linda Latta is not a veterinarian and I am not here for a veterinary diagnosis. If my pet has any health problem, health condition, or disease, I am now being advised not to postpone or delay seeking medical advice from a licensed doctor of veterinary medicine. I understand and agree that any service rendered by a Homeopath or Holistic Nutritionist is not designed to take the place of veterinary care.

All suggestions regarding specific foods, herbs, homeopathic remedies or nutritional supplements are part of an overall program to help the body normalize itself, to build and maintain wellness, and to support total well-being. They are not intended for the treatment of specific disease.

In consulting with Linda Latta, I am exercising my right to choose a complimentary method of treatment through which to address my pet's health. I agree to pay all fees presented in the current rate schedule, payable to Linda Latta directly on the date of appointment. I also understand that fees for services rendered are non-refundable.

Payment can be made by cash or credit card at the end of each visit. Official receipts will be issued at time of paid service.

I have read and understand all the information outlined above.

Guardian Signature: _____ Date: _____

****Cancellation Policy****
24hrs advanced notice is required for all missed appointments in order to wave appointment fee