

WHOLISTIC CONSULTATION QUESTIONNAIRE

CENTRAL ANIMAL HOSPITAL'S WHOLISTIC SERVICES

PROVIDED BY: DR. JACK LONG, VMD, CVA (CERTIFIED VETERINARY ACUPUNCTURIST)

Thank you for inquiring about our wholistic consultation service at Central Animal Hospital. We need as much information as you can provide us about your pet: i.e., copy of veterinary medical records including x-rays, lab test results if possible, and the enclosed questionnaire filled out as completely as possible. To be able to evaluate your pet for homeopathic treatment, it is important to have as much information as possible about the physical, behavioral, and emotional symptoms of your pet. Specific details and characteristics are very important (eg. questions 4,5,6).

Client Name:		Spouse/Co-Owner:	
Client Address:		City:	
Zip Code:		Email Address:	
Pet's Name:		Species:	
Age:		Sex:	MALE FEMALE NEUTERED MALE SPAYED FEMALE
Breed:		How did you hear about Dr. Long?	

1. In your own words describe the illness/condition. When it started, how it started. What is happening? How you feel about it & how it's affecting your pet:

2. What is your pet's diet? Include specific names of diets, supplements, table foods:

3. Medications your pet is taking: drugs, heartworm, flea products, shampoos/dips, ect. Also any past medications used with dates if possible:



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3b. Has your pet been vaccinated? YES NO If YES:

<u>What vaccine was given?</u>	<u>What hospital/clinic gave vaccine?</u>	<u>When was it given last?</u>

4. What is your pet's temperament? (eg. irritable, jealous, aggressive, calm, excitable)

What makes your pet happy?

What are its fears? (eg. loud noises, new people, thunder, crowds, children, men, etc.)

5. What are your pet's primary (most noticeable or most severe) symptoms? Please list both physical and emotional.

Are there any additional symptoms?

Please check & comment on any symptoms that apply:

- | | | | |
|---------------------------------|--------------------------|-----------------------------------|--------------------------|
| Mouth problems | <input type="checkbox"/> | Straining (either urine or stool) | <input type="checkbox"/> |
| Difficulty chewing | <input type="checkbox"/> | Belching | <input type="checkbox"/> |
| Difficulty swallowing | <input type="checkbox"/> | Flatulence | <input type="checkbox"/> |
| Ear Problems | <input type="checkbox"/> | Stomach Noises | <input type="checkbox"/> |
| Hearing Loss | <input type="checkbox"/> | Lameness | <input type="checkbox"/> |
| Ear Discharge, itching, redness | <input type="checkbox"/> | Pain | <input type="checkbox"/> |
| Coughing | <input type="checkbox"/> | Weakness | <input type="checkbox"/> |
| Sneezing | <input type="checkbox"/> | Clumsiness | <input type="checkbox"/> |
| Wheezing | <input type="checkbox"/> | Stiffness | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> | Unusual symptoms | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> | | |



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COMMENTS/CONCERNS OR OTHERS NOT ADDRESSED ABOVE:

6. Please observe these characteristics of your pet. It may be helpful to keep a journal for a few days/weeks. Please try to comment on each characteristic:

Temperature Preference

What location in house does your pet prefer?

Does he/she prefer indoors or outdoors?

What type of floor surface does he/she choose to rest or sleep on?

Does he/she lie near a heat source/window/door draft?

Water Intake

How much water does your animal drink compared to other animals?

What sources does he/ she drink from?

Does he/she prefer cold or warm drinks? (please do a test by putting down different temperatures of water or other liquids or mark unknown if you have not tested this)

Bowel Movements

Is the stool soft or hard? Is there mucous or blood present?

Is there variability in color or texture?

Is there diarrhea or constipation? Please describe



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Urination

Does your pet urinate more or less than what is normal?

Does he/she have urine accidents in the house?

Does he/she wet its bed?

Does he/she strain to urinate?

Is there any blood in the urine?

Does he/she have urgency to urinate?

Relationship to other pets/people

Factors which influence the symptoms

Are they more frequent or obvious at certain time of day/night?

Before/after meals?

With rest or movement?

When your pet is indoor/outdoors?

We require at least 24 hours advance notice for cancellations. Cancellations made inside this window are subject to the full cost of scheduled exam. Thank You.

WHOLISTIC THERAPY RELEASE

I consent to the use of wholistic therapies for my animal. I understand that I may refuse or discontinue these therapies at any time. I acknowledge that the use of wholistic or complimentary therapies may not be considered standard practice although they may have a long history of practical use and have been used effectively for animals by veterinary practitioners.

Signature

Date



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