

# NEW CLIENT FORM



## CLIENT INFORMATION

NAME			
ADDRESS (NUMBER AND STREET)			APT #
CITY		STATE	ZIP CODE
HOME PHONE	CELL PHONE		WORK PHONE
EMAIL ADDRESS			

## SPOUSE/EMERGENCY CONTACT INFORMATION

NAME	
PHONE	RELATIONSHIP

## VETERINARIAN INFORMATION

REGULAR VET/CLINIC NAME
PHONE
EMAIL

Has your pet received veterinary care anywhere else?      Yes      No

*If yes, where?*

How did you hear about us?

- Veterinarian
- Friend/relative
- Google search
- Other

## PET INFORMATION

NAME				
SPECIES Dog      Cat      Other			BREED	
SEX Male      Female		SPAYED/NEUTERED Yes      No		AGE
BIRTHDAY				

Does your pet take parasite prevention?

Yes, all year-round

Yes, in the warm months only

Yes, when I remember

Not at all

What type of parasite (flea, tick, heartworm) prevention does your pet take?

## MEDICATIONS/SUPPLEMENTS

MED NAME <i>(Example: Rimadyl)</i>		
DOSE <i>(25 mg, 3 drops, etc.)</i>	FREQUENCY <i>(2x daily, etc.)</i>	SINCE WHEN/HOW LONG AGO

MED NAME		
DOSE	FREQUENCY	SINCE WHEN/HOW LONG AGO

MED NAME		
DOSE	FREQUENCY	SINCE WHEN/HOW LONG AGO

MED NAME		
DOSE	FREQUENCY	SINCE WHEN/HOW LONG AGO

## **DIETARY INFORMATION**

**What kind of food does your pet eat?**

*Select all that apply*

Dry kibble

Canned food

Home cooked

Raw

Grain-free

**If your pet eats a commercial food, what brand and flavor? How much and how often?**

*(Example: Purina One Chicken dry kibble and Rice 1 cup twice daily)*

**What types of treats does your pet eat? How often?**

**Does your pet have any known food sensitivities or allergies?**

*If so, what are they?*

**Do any members of your household have food allergies (ie. peanuts, tree nuts, or dairy)?**

*If so, what are they?*

## **MEDICAL INFORMATION**

**Has your pet had any surgeries?**

*If so, what surgery and when was it performed?*

**Has your pet had any major illnesses?**

*If so, when was your pet diagnosed with this illness?*

**What are your goals in seeking integrative medical care?**

## **PAIN QUESTIONNAIRE**

---

**Have you noticed any mobility problems, slowing down, reduced excitement for walks, or easy tiring?**            YES            NO

**Do you have any concerns about pain?**

*If so, where do you feel the pain is located?*

**When is the pain worst?**

*(Example: in the morning, during exercise, after exercise)*

**At its worst, how severe is the pain on a scale of 1-10?**

*(1 = Very minor pain    10 = Excruciating)*

**On average, how severe is the pain on a scale of 1-10?**

*(1 = Very minor pain    10 = Excruciating)*

**Compared to the previous few months, how has the pain been over the last 2 weeks?**

Better

About the same

Worse

**Does anything make the pain better?**

**Does anything make the pain worse?**

**What does your pet do for exercise? How long (both time and distance) and how often does your pet exercise?**

**Does your pet participate in any sporting events such as agility, schutzhund, dock diving, or hunt trials?**

## **BEHAVIOR QUESTIONNAIRE**

---

**Do you have any concerns about your pet's behavior?**

*If so, what concerns do you have?*

**When did the problem start?**

**Since it began, has the behavior gotten worse, stayed the same, or improved?**

**Does anything make it better?**

**Does anything make it worse?**

**What have you tried already to improve the behavior?**

**How successful were the things you have already tried? Roughly what percentage of improvement would you say your pet has had?**

**How much does this behavior impact your dog's quality of life on a scale of 1-10?**

*(1 = No impact 10 = Most severe impact)*

**How much does this behavior impact you and your family's quality of life on a scale of 1-10?**

*(1 = No impact 10 = Most severe impact)*