



# Integrated Wellness

## OWNER INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

THIS OFFICE DOES NOT RELEASE CLIENT INFORMATION TO THIRD PARTIES. IW SENDS EMAIL OR POST MAIL OCCASIONALLY

## ANIMAL INFORMATION

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ Date Spayed/Neutered: \_\_\_\_\_

Length of time animal has been with you: \_\_\_\_\_ Type/Brand of Food: \_\_\_\_\_

## VETERINARIAN CARE

Veterinarian Name/Clinic: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Vaccines given: \_\_\_\_\_ Frequency \_\_\_\_\_ Date of last vaccine: \_\_\_\_\_

Current Medication/Supplements (incl. flea etc. treatment) \_\_\_\_\_

Exercise Program: \_\_\_\_\_ How often: \_\_\_\_\_

Health History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Presenting Issues/Concerns (Physical, Emotional, Behavioral, etc.)	Intensity on scale of 1-10 (1 as best / 10 as worst)
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- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

How long have these issues persisted: \_\_\_\_\_

Where there unique circumstances or transitions occurring in your animal's life when problems first presented? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you tried to resolve these issues through other means? If so explain: \_\_\_\_\_

\_\_\_\_\_

PLEASE CONTINUE ON BACK PAGE



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## GENERAL INFORMATION

How would you characterize your animal's:

1. Energy Level: \_\_\_\_\_

2. Appetite: \_\_\_\_\_

3. Condition and Regularity of Bowl Movements: \_\_\_\_\_

4. Anxiety/Stress Level: \_\_\_\_\_

5. Quality/Condition of Skin/Coat: \_\_\_\_\_

What is your typical demeanor of your animal: \_\_\_\_\_

How is your animal with unfamiliar people: \_\_\_\_\_

Please list people in your family: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other People your animal frequently socializes with (friends, trainers, sitters, etc.) \_\_\_\_\_

\_\_\_\_\_

How is your animal with other animals: \_\_\_\_\_

Other Animals in your Family:

Name	Type/Breed of Animal	How long in family
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any places on body your animal guards/has sensitivity/does not like touched: \_\_\_\_\_

Anything else you would like me to know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_