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Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Breed: \_\_\_\_\_

Canine  Feline  Other

### Initial Holistic Consult Form

**Main Concern:**

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**Any apparent causes?**

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**Symptoms:**

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**Better with:**

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**Worse with:**

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**List of Current/Past Illnesses:**

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**Diet & Supplements**

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**Please check all that apply:**

**My pet generally**

- seeks warmth
- likes to cuddle, be close, touched, massaged
- chooses soft surfaces on which to lay
- seeks cool
- enjoys laying in the sun
- avoids or becomes uncomfortable or easily overheated in hot weather
- pants a lot
- chooses cool or hard surfaces (such as tile or wood floors) on which to lay
- avoids or becomes easily chilled in cool weather
- is sensitive, shy, timid or fearful around other pets or unfamiliar people
- is domineering, bossy or competitive around other pets
- is playful, happy and excited around other pets
- is aloof or uninterested in other pets
- is relaxed, easy going or mellow around other pets
- becomes anxious or fearful during thunderstorms or other loud noises

**My pet's:**

- Appetite is  excessive  good  picky or variable  poor
- Thirst is  excessive  normal  rarely drinks
- Stools are  sometimes soft or fluid  normal  dry
- Sleep is  restless  full of dreaming  normal  deep
- Urinations are  high amount/frequency  normal  low amount/frequency