

Current Status:

Name your pet's diet (type of food, how much given, how often, any treats):

- Lively Very Friendly Craves Attention Assertive Easily Angered
- Alpha Laid back Motherly Worries Shy
- Fearful Careful Jealous Aloof Disciplined
- Confident Pushy Easy to Excite Bossy Sociable
- Timid Irritable Vocal Insecure Dislikes Strangers
- Mellow Has Patience Prone to Anxiety Slow to Excite
- Prefers Shade Prefers Cool Prefers Warmth Prefers Sun Excessive Panting
- Prefers Outdoors Prefers Indoors Problems change with Weather or are Seasonal
- Other _____

Describe your animal in 3 words: _____

List any changes in your pet's environment that may have caused him/her stress in the last 6 months: _____

Medical History

Past Significant Illnesses:

- Cancer Diabetes Heart Disease Thyroid Disease
- Seizures Kidney Disease Liver Disease Behavioral Problems
- Other _____

Surgeries: _____

Significant Trauma: _____

Allergies: _____

Additional Medications/Herbals/Supplements taken over last 3 months: _____

Frequency of vaccines: _____

Any negative reactions to medications/vaccines: _____

Please check if your pet has had any of these problems/symptoms in the last 12 months:

Neurological/Behavior Problems

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Lack of Coordination |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Bad Temper | <input type="checkbox"/> Behavior Changes |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Good Attitude | <input type="checkbox"/> Easily Susceptible to stress |

Any other Neurological or Behavioral Problems?

Head, Ears, Eyes, Nose, and Throat

- | | | |
|---|--|---|
| <input type="checkbox"/> Poor Vision | <input type="checkbox"/> Cataracts | <input type="checkbox"/> Runny Eyes |
| <input type="checkbox"/> Itchy Eyes | <input type="checkbox"/> Dry Eyes | <input type="checkbox"/> Ear Discharge |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Itchy ears | <input type="checkbox"/> Nose Bleeds |
| <input type="checkbox"/> Color change on Nose | <input type="checkbox"/> Sores on Lips/Tongue | <input type="checkbox"/> Teeth Break Easily |
| <input type="checkbox"/> Bad Breath | <input type="checkbox"/> Grinding Teeth | <input type="checkbox"/> Tartar |
| <input type="checkbox"/> Collapsing Trachea | <input type="checkbox"/> Head Always Warm to Touch | |

Any other Head or Neck problems?

Gastrointestinal

- | | | |
|---|---|--|
| <input type="checkbox"/> Ravenous Appetite | <input type="checkbox"/> Finicky Appetite | <input type="checkbox"/> Change in Appetite |
| <input type="checkbox"/> Increased Thirst | <input type="checkbox"/> Decreased Thirst | <input type="checkbox"/> Change in Thirst |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea/Loose Stool | <input type="checkbox"/> Dry Stool <input type="checkbox"/> Hard Stool |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Belching/Regurgitation | <input type="checkbox"/> Black Stools |
| <input type="checkbox"/> Blood in Stools | <input type="checkbox"/> Smelly Stool | <input type="checkbox"/> Undigested Food in Stool |
| <input type="checkbox"/> Fecal Incontinence | <input type="checkbox"/> Gassy | <input type="checkbox"/> Worms |
| <input type="checkbox"/> Hair Balls | <input type="checkbox"/> Food Cravings _____ | |

Any other Stomach or Intestinal Problems?

Genito-Urinary

- Inappropriate Urination Frequent Urination Blood in Urine
 Urinary Incontinence/Leakage Long Urine Stream Smelly Urine
 Kidney/Bladder Stones Crystals in Urine Kidney Disease
 Reproductive disease Change in Color or Odor of Urine

Any other problems with your pet's urinary or reproductive system?

Please note if your pet had any known abnormal heat cycles, abnormal litters, prostate or testicular disease prior to being spayed or neutered.

Respiratory

- Dry Cough Wet Cough Loud cough
 Weak Cough Cough worse during Day cough Worse During Night
 Coughing Blood Asthma
 Pneumonia Difficult Breathing Cough after Exercise
 Discharge from Nose Production of Phlegm

Any other lung problems?

Cardiovascular

- Heart Murmur Irregular Heartbeat Fainting
 Swelling of paws/legs Tires Easily Edema

Any other heart or blood problems?

Musculoskeletal

- Likes Being Massaged Moves from touch/massage Neck Pain
- Back Pain Knee Pain Shoulder Pain
- Hip Pain Muscle Weakness Stiff
- Limping Difficulty getting up Tremors
- Keeps tail tucked in

Any other joint, bone or muscle problems?

If stiff or experiencing muscle, how long has your pet experienced this problem? Is Stiffness or

Pain worse: Day? Night? After Rest? After Activity?

When it is Cold out? Hot out? Damp out?

Skin and Hair

- Rashes Hives Itching
- Pimples Dandruff Loss of Hair
- Warts Dry Coat Odor to Skin/Fur
- Flea Allergy Greasy Coat Change in Coat

Any other Skin or Coat problems?

General

- Change in Bark/Meow Loud Voice Weak Voice
- Poor Sleeping Sleeps too much Sleeps After Eating
- Prefers Hard Bed (ie Floor) Prefers Soft Bed Tremors
- Localized Weakness Poor Balance Bleeds/Bruises Easily
- Weight Loss Weight Gain Dreams a lot
- Vocalizes when Dreaming Paddles or Jerks muscles while Dreaming
- Energy Drop (What time of Day?) _____

Comments or other problems you would like to discuss? Please use the back for more room:

Authorization to Perform Alternative Therapy

I understand that the following are considered alternative/integrative forms of therapy and investigative by mainstream medicine:

-Acupuncture: including acupuncture, aquapuncture, electroacupuncture, lacer therapy, moxabustion, etc.

-Herbal Therapy: including oral, topical, TCM and western formulations and nutritional supplements.

-Skeletal Manipulations

-Homeopathy

In addition, I understand all medicine, both alternative and conventional, run some inherent risk.

I authorize Dr. Alison Key to perform alternative/integrative therapy on my pet. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained.

Signature: _____

Date: _____