HOMEOPATHIC CONSULTATION

CANINE Intake Form #1

Patient CONTACT INFORMATION

CORA RAYSON

OWNER'S/PET'S NAME						
Address:	Street/#		City		Postal code	
Contact tel. # HOME:						
Contact tel. # OTHER:						
E-Mail:						
Pet's Date of Birth:						
Referred by:						
How did you learn about our clinic?						
Present Vet.:	Name		Tel #			

Purpose: This document is designed to initiate the process of improving your dog's health and quality of life. It is the BEGINNING of the process which will involve a sharing of information regarding your dog's present & past health; his habits; personality & life style plus YOUR contribution to these factors.

This information will help me select the best indicated remedy/s to help promote self-healing & well being in your treasured "friend".

Carol Anne Rayson DCHM (Hons.), HD(RHom.), RHN

Patient INTAKE FORM

ATTRIBUTES	DETAILS					
Dog's Name:						
Date of Birth:						
Gender:	Male	☐	Female	☐	Spayed/Neutered?	☐
Age when acquired:						
Other pets in the home:						
Breeding history:	Pure Breed	☐	Source Kennel		Breeder	
	Pet Shop	☐	Rescue	☐	BREED TYPE	

MEDICAL HISTORY	DETAILS		
CURRENT MAJOR HEALTH CONCERNS in ORDER OF IMPORTANCE (Highest FIRST)	**Concern**	**Since**	**Causes**

MEDICAL HISTORY Continued	DETAILS		
MEDICATIONS taken:	MEDICATION	When	Adverse effects
Non-Surgical TREATMENTS OR THERAPIES received in the past & currently:	TREATMENT	When	Complications
OPERATIONS/INJURIES	OPERATION/INJURY	When	Complications

MEDICAL HISTORY Continued	DETAILS					
VACCINATION History						
	ANY ADVERSE REACTIONS TO THESE VACCINATIONS?					
ALLERGY History **Please Describe allergies experienced?**						
HEALTH CONDITIONS **Tick the box if your pet experienced any of the conditions listed opposite:**	Abscesses	☐	Allergies	☐	Anxiety Disorder	☐
	Arthritis	☐	Cancer	☐	Colitis	☐
	Dental Defects	☐	Diabetes	☐	Distemper	☐
	Epilepsy	☐	Eye Disease	☐	Gum Disease	☐
	IBD	☐	Heart Disease	☐	Heartworm	☐
	Liver Disease	☐	Lymes	☐	Kidney Disease	☐
	U.T.I	☐	Pancreatitis	☐	Parasites	☐
	Parvo	☐	Pregnancy	☐	Skin Disease	☐
	Worms	☐	**OTHER**			
WEIGHT CHANGE **Recent changes:**	Weight LOST	☐	# pounds			
	Weight GAINED	☐	# pounds			
	Complications					

MEDICAL HISTORY Continued	DETAILS	
DIET	Type of food	How Often Fed
KNOWN FOOD ALLERGIES		
SUPPLEMENTS		
EXERCISE SCHEDULE Describe current program		
DOG'S PERSONALITY & CHARACTERISTICS		

VETERINARY CARE	VET's NAME	
	CONDITIONS & TREATMENT	
HOMEOPATHIC TREATMENTS Please describe any previous Homeopathic treatment:		
ADDITIONAL INFORMATION		

Date Form Prepared:		Prepared by:	