

Mind Animal Spirit, LLC

Animal Naturopathy

HEALTH HISTORY CONSULTATION FORM

This form **MUST** be physically signed at the bottom - **NOT** typed.
Fax, email or snail mail back to me **PRIOR** to your consultation.

Please complete the following information as entirely as you can; use additional sheet if needed.

OWNER INFORMATION

Name: _____

Street Address: _____

City, State, Zip: _____

Cell phone: _____

Email: _____

ANIMAL'S INFORMATION

Name: _____

Breed: _____ Gender (Male or Female): _____

Approx. Weight: _____ If mixed breed - what height? _____

DOB/ Age: _____ Spayed, Neutered or Intact? _____

Was there any noticeable physical or emotional change in your pet after being spayed or neutered?
If yes, explain _____

Has your pet ever been pregnant? Y or N. If so when _____
How many litters? _____

Where did you obtain your pet? (ie, breeder, shelter, rescue, etc) _____
If from a breeder, do you have health certificate copies of your pet's parents? _____

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Prescott Valley, AZ 86314
Phone (928) 707-2784 / mindanimalspirit@gmail.com

What age was your pet when they came to live with you and how long have you had him or her?

Date of Last Vaccinations? _____ Vaccinated for: _____

How often is your pet vaccinated and which vaccines do they receive? _____

Is your pet microchipped? Y or N. If yes, when _____

General health condition (skin, hair/coat condition, eyes - clear of any discharge or is there a discharge from time to time or every morning? normal stools or loose? lethargic or energetic? etc.)

Please attach or email a recent photo of pet if possible.

Has the animal been diagnosed by a veterinarian with any illness or health problems? Also include any past or recent surgeries. Please list all diagnoses and how long problems have been on going as well as any symptoms still persisting:

Is She/He Currently On Any Medications (include any recent courses of steroids or antibiotics)?

If on prescription medications, what were they prescribed for and how long has he/she been on them? Have there been changes observed since being on the medications? If so, please list:

Is your pet on any parasite preventions (Heartguard, Frontline, Ivermectin, Advantage, Mycodex, etc)? Which ones and for how long?

Does your pet exhibit any of the following physical conditions?

(please explain any yes answer)

- | | | | | | |
|---|---|-----------------------------|---|---|--|
| Y | N | Allergies | Y | N | Ear Problems/ Infection-Mites |
| Y | N | Arthritis/Joint Stiffness | Y | N | Eye Infections/Drainage-irritation |
| Y | N | Autoimmune Disorders | Y | N | Heart Problems |
| Y | N | Cancer / Tumors | Y | N | Reproductive Problems |
| Y | N | Cataracts / Vision Problems | Y | N | Seizures |
| Y | N | Deafness / Hearing Impaired | Y | N | Skin / Coat Problems |
| Y | N | Digestive Difficulties | Y | N | Skeletal Abnormalities
(hip dysplasia, etc) |

Other/explain: _____

Does your pet exhibit any of the following temperament problems?

(Please explain any Yes answer)

- | | | | | | |
|---|---|--|---|---|-------------------------------|
| Y | N | Aggressive behavior | Y | N | Dominance Issues |
| Y | N | Barking (excessive) | Y | N | Doesn't get along with others |
| Y | N | Biting | Y | N | Pacing |
| Y | N | Chewing / licking on objects | Y | N | Scratching |
| Y | N | Chewing / licking on self | Y | N | Separation Anxiety |
| Y | N | Compulsive Behavior
(explain below) | | | |

Other/explain: _____

Describe the animal's current Life Style. Example would be: how much exercise, how long out of doors (if at all), home alone during the day, where the pet sleeps, interactions with other pets people, favorite toy, favorite pastime, etc. Be as detailed as possible.

Current Diet – please include as much information as possible such as brand name of food, the amount of food the dog/cat gets at each feeding and how many feedings a day, how long has the dog/cat been on this particular food and what was the dog/cat eating before the current diet?

How many times have you switched dog/cat food and what brands?

List names of all supplements, vitamins and any other foods, table scraps or treats you are giving the dog/cat. (List everything please). How many treats (estimate) does the dog/cat get in a day?

What brand of laundry soap, floor and/or counter cleaners do you use?

Do you use air fresheners or burn scented candles? Yes ____ No ____

If yes, which ones and how often? _____

What cleaning products do you use in your home? For floors, furniture, air fresheners, etc?

What products do you use in your yard? Are pesticides used on the lawn? Chemical fertilizers?

Some additional questions:

How did you find my service?

What are your top three main concerns for your dog above?

1. _____
2. _____
3. _____

Disclosure Statement

The purpose and general goal of the animal naturopathic consultation offered by Chantal L Regan is to educate the client about their animals body systems in relation to function and ability pertaining to maintenance of overall homeostasis (balance) through the removal of various, and typically specific, obstacles to their health, this thereby encouraging their body's own natural healing processes. Chantal L Regan does not function as a traditional allopathic veterinarian by diagnosing disease, treating disease, or performing invasive procedures, nor do her services replace that of a traditional licensed allopathic veterinarian.

The information offered by Chantal L Regan is intended to provide general guidance. Nothing on the web site or during a regular consultation constitutes traditional allopathic veterinary advice. Always consult with a licensed veterinarian before undertaking any course of "treatment" for your animal or changing treatments or medications your own veterinarian has already prescribed. This consultation will hopefully suggest additional options to think about, and other areas to explore, based on your companion's condition.

I, as a mature adult, have read the disclosure statement and understand its content and the limits of these services. I voluntarily seek these consulting services for my animal and assume full responsibility for this decision. By completing and submitting this form, this constitutes my legal signature and acceptance of the services offered by Chantal L Regan, which will stand for the initial consultation/coaching date, stated in this disclosure form and for all subsequent consultations occurring after this date.

On consultations, whether by email or phone, once you've received your consult, there are no refunds. Refunds are available only if you cancel prior to your appointment 24 hours in advance (if by phone) or prior to the agreed upon deadline delivery date of your email consult. Once you have received your consultation, similar to software sales, no refunds are available at that time.

**This form MUST be physically signed at the bottom - NOT typed.
Fax, email or snail mail back to me PRIOR to your consultation.**

I have read and agree with the Disclosure Statement: Signature:

_____ Date: _____

Please email this history/questionnaire to:

- mindanimalspirit@gmail.com OR
- If preferred, request my mailing address _____

Payment is required in advance of consult.

An invoice from my merchant provider will be sent to your email address or please visit www.mindanimalspirit.com/services to prompt your payment.