

Date: \_\_ \_\_

Animal Name: \_\_\_\_\_ Species (Dog/Cat): \_\_\_\_\_

Date of Birth or age: \_\_ \_\_ Breed: \_\_ \_\_

Sex (Male/Female): \_\_ \_\_ Neutered/Spayed: \_\_

Your name: \_\_\_\_\_ Spouse/Co-owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_ State: \_\_ Zipcode: \_\_ \_\_

Home Phone: \_\_ Cell: \_\_ Work: \_\_

Which number is the best number to reach you at: \_\_\_\_\_

Email address: \_\_\_\_\_

**\*\*Please, note that Email address is very important as this is how you will be getting your appointment reminders\*\***

Please, tell us how you heard about our Clinic? \_\_\_\_\_

Who is your primary care Veterinarian? \_\_\_\_\_

Clinic name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please, list any other Veterinary Clinics and phone numbers your pet has medical records from.

**Contact these veterinarians before your appointment to have your pet's records emailed to us at [Doctor@taoeholisticvet.com](mailto:Doctor@taoeholisticvet.com) or faxed to us @ 530-452-1590.**

This way the doctors can review your records prior to your appointment.

Your pet's current diet? (please list all foods and treats, quantities, number of feedings, etc).

Kibble(Dry) Brand \_\_\_\_\_ Amount \_\_\_\_\_

Canned Brand \_\_\_\_\_ Amount \_\_\_\_\_

Commercial Raw Brand \_\_\_\_\_ Amount \_\_\_\_\_

Treats Brand \_\_\_\_\_ Amount \_\_\_\_\_

Homemade (please list ingredients and quantities)

Current medications (Prescriptions from your primary Veterinarian):

Current Supplements (i.e. fish oil, Glucosamine, vitamins)

What is the primary reason(s) you are seeking care at Tahoe Integrative Veterinary Care?

Are there any other issues you would like to address during your appointment or at future appointments?

Has your referring veterinarian performed any diagnostics for this issue (bloodwork, x-rays, ultrasound, etc?) and when?

Have you had any diagnostics performed for other reasons in the past year, including wellness bloodwork, and when?

Have any treatments/surgeries/medications been performed yet for your pet's current issues, and if so, has any of it helped?

Does your pet have any other pre-existing health issues or conditions, prior surgery, etc?

My pet has or has had the following:

Problems with weight (weight gain, weight loss)	Y N
Arthritis	Y N
Neck pain/back pain	Y N
Lameness:	
Limping?	Y N
Stumbling or scuffing toes?	Y N
Worse after sleeping?	Y N
Worse after exercise?	Y N
Trouble posturing to urinate/defecate?	Y N
Trouble jumping up/down or going up/down stairs?	Y N
Gotten better/worse/stayed the same	Y N
Allergies	Y N
Cognitive dysfunction/senility/dementia	Y N
Fears, phobias, anxiety, stress	Y N
Aggression (dog aggression, fear aggression, general aggression)	Y N
Urinary/fecal incontinence	Y N
Other (please specify below):	