

Balanced Pets Integrative Care

409 Old Buncombe Rd

Travelers Rest, SC 29690

info@balancedpetstr.com

Thank you for choosing Balanced Pets Integrative Care to provide adjunct services to your primary care plan for your pet. Please take a few minutes to complete the following forms and email to info@balancedpetstr.com Attn: Care Center at least 48 hours prior to your appointment with any previous medical history available. We look forward to working with you soon!

Owner Information:

Owner's name: _____ Spouse/Other: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Primary Veterinarian: _____ Name of Clinic: _____

Veterinarian Phone #: _____

How did you hear about us? _____

Appointment Reminders will be sent by Email and Text Message. Are you okay with this? _____ Yes _____ No

Pet Information

Pet's Name: _____ Breed: _____ Color: _____

Age or Date of Birth: _____ Sex: _____ Spayed or Neutered: _____ Wt.: _____

Pet's Origin (Breeder, rescue, stray, etc.): _____

Personal History- Getting to know you and your companion

When and how did you pet join your family?

What age was your pet? _____

How would you describe his/her state of health at that time? _____

How would you describe his/her personality when acquired? _____

Has the personality or state of health changed since then? How? _____

Can you describe the quality of relationships your pet has in the home with others? _____

How much time do you typically spend together and what is your favorite activity with the pet? _____

What other animals are in the home? Can you describe your pet's relationship with those animals? _____

Please circle all that apply that describe the personality of your pet.

Sweet Loud Happy Aloof Quiet Yappy Sad Calm
Anxious Temperamental Dominant Fearful Excited Snippy Clingy Stubborn
Passive Other _____

List things he/she dislike or fear: _____

Anxieties or stresses: _____

Where does your pet sleep? _____

Does he/she prefer warmth or cold? In what way? _____

Does he/she like fresh air and sunshine/shade or prefer being indoors? _____

Likes soft (e.g., blankets) or hard (e.g., tile floor) places to rest? _____

How active is your pet? _____

When is your pet most active (Time of Day)? _____

Does he/she tire easily? If so, do they pant have problems breathing, etc.?

What are the floors like in your home? Do you have stairs? _____

What does your pet's urination and defecation look like and how frequent?

Does your pet have any fecal or urinary incontinence? _____

Nutrition

What type of food do you feed? _____

Additional Food or treats offered? How many and how often? _____

Food preferences? _____

Temperature of food and water preferred. _____

Level of appetite? _____

Amount of water intake (thirsty or thirstless)? _____

Are you willing to switch food? _____

History of Health Concerns

Earliest symptoms you remember your pet experiencing: _____

What did you notice and how long did it last? _____

Medications given and response to medications: _____

Events preceding or surrounding the onset of symptoms: _____

Were any vaccinations given preceding symptoms? If so what type and when? _____

Has your pet had tendency towards illness? _____

Has your pet had chronic disease problems? _____

Current Health Concerns

Current Diagnosis: _____

Current Medications/Vitamins/Supplement's:

What are your general expectations for your pet's condition? _____
