



## History Intake

Date : \_\_\_\_\_

Animal name: \_\_\_\_\_ Guardian name: \_\_\_\_\_

Male / Female Age: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Diet: \_\_\_\_\_

Appetite: \_\_\_\_\_ Water intake: \_\_\_\_\_

Past injury/ illness: \_\_\_\_\_

Joint / orthopedic problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Supplements / monthly prevention: \_\_\_\_\_

Environmental influences ( pets in the house, stress etc) \_\_\_\_\_

Years with guardian: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Goals for treatment: \_\_\_\_\_

Contact info: \_\_\_\_\_

Referred by: \_\_\_\_\_