

INTEGRATIVE VETERINARY PATIENT INFORMATION FORM

Thank you for choosing Litchfield Animal Wellness to treat your pet! Please take a few minutes to complete the following forms and email (drpaula@drpaulamontedvm.com) or fax (508-681-8999) them back at least 24 hours prior to your appointment. If you need to cancel or reschedule your appointment, please provide at least 24 hours notice to avoid a cancellation fee. We look forward to working with you soon!

OWNER INFORMATION:

Owner Name _____ Spouse/Partner/Other _____

Street Address _____ City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

Email _____

Primary Veterinarian _____ Name of Clinic _____ Phone _____

How Did You Hear About Us? _____

PET INFORMATION:

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

Age or Date of Birth: _____ Sex: _____ Spayed or Neutered? _____

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

Pet's Personality: _____

Date of Last Vaccines or Titters: _____

INTEGRATIVE VETERINARY PATIENT INFORMATION FORM (cont'd)

PET PREFERENCES – Please check all that apply:

Warmth:		Moist/canned food:	
Cold:		Massage/petting/brushing:	
Hard Surfaces:		Limited touching:	
Soft/Padded Surfaces:		Company of People:	
Lounging		Company of Other Animals:	
Active Play:		Prefers Alone Time:	
Dry Food:		Enjoys Children:	

PHOBIAS – Please check all that apply:

Other Animals:	
Thunder :	
General Loud Noises:	
People:	
Certain Objects:	
Other:	

OTHER – Please check one:

Appetite: Increased Normal Decreased
Weight: Loss Gain Stable
Water consumption: Increased Normal Decreased
Bowel movements: Normal Constipated Diarrhea
Urination: Normal Increased Decreased
Seizures: No Yes

IMPORTANT MEDICAL HISTORY:

Date of Occurrence:

Description of Problem:

INTEGRATIVE VETERINARY PATIENT INFORMATION FORM (cont'd)

KNOWN ALLERGIES OR SENSITIVITIES:

Foods:	
Drugs:	
Environmental:	
Vaccines :	

MAJOR CONCERN/REASON FOR SEEKING INTEGRATIVE TREATMENT:

Issue/Complaint: _____

Beginning Date: _____

RESPONSE TO CURRENT TREATMENTS:

Adverse Effects:	
Partial Response:	
Successful:	
No change Noted :	
Explanation:	

ANY ADDITIONAL COMMENTS/INFORMATION:

