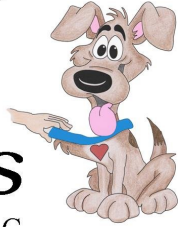


Animal Insights

LLC

Naturally looking inside...



Jerry & Ellen Welk • 4507 Andrew St.
Oshkosh, WI 54904 • Phone: (920) 252-0787

Website: www.animal-insights.com

Email: ellen@animal-insights.com

Hours: 9am-5pm or evenings & weekends by appointment only

Visit our Golden Retriever website: www.golden-pawprints.com

Health History

Client Information

Owner's Name: _____ Date: _____

Address: _____ City, St., Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Best time to contact: Mornings _____ Afternoons _____ Evenings _____ Weekends _____

Best method of contact: Home Phone _____ Cell Phone _____ Email _____ Other _____

Name of Veterinary Clinic: _____

Veterinarian's Name: _____ City: _____ St: _____

Animal Information

Species of Animal: Dog _____ Cat _____ Horse _____ Ferret: _____ Other: _____

Pet's Name: _____ Breed: _____

Birth date: (if known) _____ and/or Approximate Age: _____ yrs.

Sex: M F Approx Weight: _____ lb. Do you feel your pet is: Overweight or Underweight?

What do you feed your pet? _____ Brand _____

Where did you acquire your pet from? _____

Are you aware of your pets history or parents? _____

What age was your pet when you got it? _____ How long have you owned your pet? _____

List other pets you have in your house? _____

Where is your pet kept? _____

Where does your pet sleep at night? _____

How many hours a day is your pet alone (no people)? _____ hours/ M-F _____ hours/weekend

What types of exercise does your pet get and how often? _____

What is your pet's favorite toy or pastime? _____

Animal Health

Is your pet neutered, spayed or gelded? Y or N If yes, age of surgery? _____

Was there any noticeable change physically or emotionally in your pet after the surgery? _____

If yes, explain: _____

Is your pet micro-chipped? Y or N If so, when? _____ (date)

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

Has your pet ever been diagnosed with parasites? Y or N

If yes, what kinds? _____ Date _____ Treatment _____

_____ Date _____ Treatment _____

_____ Date _____ Treatment _____

Do you regularly use an internal de-wormer medication with your pet? Y or N (Heartworm, Ivermectin, etc.)

If yes, what? _____ How often? _____ Date Last used? _____

Do you use an external parasite repellent on your pet? Y or N (Frontline, Advantage, Mycodex)

If yes, what? _____ How often? _____ Date Last used? _____

Vaccinations:

Is your pet up to date on vaccinations? Y or N

Has your pet taken any form of Steroids in the last 6 months? Y or N

Has your pet EVER been on any form of Steroids? If yes, when? _____

Please indicate the vaccine that your pet has had and approximate dates given if known:

Name of Vaccine	Date Given

Please list your pets current known medical problems: (use back of sheet if more room is needed)

Problem	Date began	Treatment	Name of Medication	Dose (mg)

Please list any surgeries or illness's that your pet has had.

Issue: _____ Date: _____
Issue: _____ Date: _____
Issue: _____ Date: _____
Issue: _____ Date: _____

Additional Space to explain: _____

Does your pet exhibit any of the following physical conditions?

(Please explain any Yes answer - use back of sheet if necessary to write)

- | | |
|-----------------------------------|---|
| 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 Dyslasia, etc.) |

Other/explain: _____

Does your pet exhibit any of the following temperament problems? *(Please explain fany Yes answer)*

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

Other/explain: _____

If you could ask your pet any question, what would you ask? _____

Is your pet overly sensitive to change? (i.e. diet, routine, stress)? Y or N _____