



Health History Consultation Form

This form MUST be physically signed at the bottom NOT typed - and faxed, emailed or snail mailed back to us PRIOR to your consultation

Name: _____

Email Address: _____

Dog's Name: _____

Breed of Dog: _____ Age of Dog _____

Weight of Dog: _____

Gender (Male or Female?) _____ Spayed, Neutered Or Intact? _____

Was there any noticeable physical or emotional change in your pet after being spayed or neutered? If yes, explain _____

Has your pet ever been pregnant? Y__ or N__ If yes, when _____

How many litters _____

Where did you obtain your pet? (ie, breeder, shelter, rescue, etc.) _____

What age was your dog when they came to live with you and how long have you had him or her? _____

Date Of Last Vaccinations? _____ Vaccinated for: _____

How often is your pet vaccinated and which vaccines do they receive? _____

Is your pet micro-chipped? Y__ or N __ If yes, when _____

General health condition (skin, hair/coat condition, eyes - clear of any discharge or is there a discharge from time to time or every morning? normal stools or loose? lethargic or energetic? etc.) _____

Please attach or email a recent photo of pet if possible.

Has the animal been diagnosed by a veterinarian with any illness or health problems? Also include any past or recent surgeries. Please list all diagnoses and how long problems have been on going as well as any symptoms still persisting:

Is She/He Currently On Any Medications (include any recent courses of steroids or antibiotics)? If on prescription medications, what were they prescribed for and how long has he/she been on them? Have there been changes observed since being on the medications? If so, please list:

Is your dog on any parasite preventions (Heartguard, Frontline, Ivermectin, Advantage, Mycodex, etc)? Which ones and for how long?

Does your pet exhibit any of the following physical conditions? *(please explain any yes answer)*

- | | |
|------------------------------------|---|
| 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 dysplasia, etc) |

Other/explain: _____

Does your pet exhibit any of the following temperament/behavior problems?

(Please explain any Yes answer)

- | | |
|---|--------------------------------------|
| Y__N__ Aggressive behavior (towards you or other animals) | |
| Y__N__ Dominance Issues | |
| Y__N__ Barking (excessive) | Y__N__ Doesn't get along with others |
| Y__N__ Biting | Y__N__ Pacing |
| Y__N__ Chewing / licking on objects | Y__N__ Scratching |
| Y__N__ Chewing / licking on self | Y__N__ Separation Anxiety |
| Y__N__ Compulsive Behavior (explain below) | |

Other/explain: _____

Describe your pet's current Life Style. Example would be: how much exercise, how long out of doors (if at all), home alone during the day, where the pet sleeps, interactions with other pets people, favorite toy, favorite pastime, etc. Be as detailed as possible.

Current Diet please include as much information as possible such as brand name of food, the amount of food the dog gets at each feeding and how many feedings a day, how long has the dog been on this particular food and what was the dog eating before the current diet?

How many times have you switched dog food and what brands?

List names of all supplements, vitamins and any other foods, table scraps or treats you are giving the dog. (*List everything please*). How many treats (estimate) does the dog get in a day?

What brand of laundry soap, floor and/or counter cleaners do you use?

Do you use air fresheners or burn scented candles? Yes____ No ____

If yes, which ones and how often? _____

What cleaning products do you use in your home? For floors, furniture, air fresheners, etc? _____

What products do you use in your yard? Are pesticides used on the lawn? Chemical fertilizers? _____

How did you find my service? _____

What are your top three main concerns for your dog?

- 1.
- 2.
- 3.

Disclosure Statement

The purpose and general goal of the veterinary naturopathic consultation offered by Jeannie (Jeanette) Thomason, VND is to educate the client about their animals body systems in relation to function and ability pertaining to maintenance of overall homeostasis (balance) through the removal of various, and typically specific, obstacles to their health, this thereby encouraging their body's own natural healing processes. Jeannie Thomason, VND does not function as a traditional allopathic veterinarian by diagnosing disease, treating disease, or performing invasive procedures, nor do her services replace that of a traditional licensed allopathic veterinarian.

The information offered by Jeannie Thomason, VND is intended to provide general guidance. Nothing on the web site or during a regular consultation constitutes traditional allopathic veterinary advice. Always consult with a licensed veterinarian before undertaking any course of treatment for your animal or changing treatments or medications your own veterinarian has already prescribed. This consultation will hopefully suggest additional options to think about, and other areas to explore, based on your pet's condition.

I, as a mature adult, have read the disclosure statement and understand its content and the limits of these services. I voluntarily seek these consulting services for my animal and assume full responsibility for this decision. By completing and submitting this form, this constitutes my legal signature and acceptance of the services offered by Jeannie Thomason, VND, which will stand for the initial consultation date, stated in this disclosure form and for all subsequent consultations occurring after this date.

On consultations, whether by email or phone, once you've received your consult, there are no refunds. Refunds are available only if you cancel prior to your appointment 24 hours in advance or prior to the agreed upon deadline delivery date of your email consult. Once you have received your consultation, similar to software sales, no refunds are available at that time.

This form MUST be physically signed, (NOT typed) - and faxed, emailed or snail mailed back to me PRIOR to your consultation

I have read and agree with the Disclosure Statement:

Signature: _____

Date: _____

Please email this history/questionnaire to: info@thewholedog.org OR snail mail to:

Dr. Jeannie Thomason
P.O. Box 1637
Cottonwood, CA 96022

You will receive a PayPal request for payment from jeanniethomason@gmail.com

Payment is required in advance of consult.

Thank you, I look forward to working with you to help your dog live a long, healthy, happy life!

Dr. Jeanette (Jeannie) Thomason
