



Known Allergies: _____

Animal/Guardian Information and Health History

Guardian's Name: _____ Date: _____

Address: _____

Phone (home): _____ Other: _____

Email: _____

Emergency contact (name and number): _____

Animal's name: _____ Age: _____ Sex: _____ Altered?: _____

Breed: _____ Veterinarian: _____

List any major illnesses, surgeries, or concerns (use other side if needed):

List all major medications, including supplements (use other side if needed):

Is he/she currently undergoing any other complimentary therapies? If so, which?:

What exercise does your animal get each week? _____