

**TWO LEGS AND FOUR HOMOEOPATHIC HEALTH**  
**131 Loton Road, Millendon, Western Australia 9296 0152**

**ANIMAL MEDICAL BACKGROUND FORM**

Date:

Your name:

Address:

Daytime phone, if within Australia:

Mobile, if within Australia:

e-mail address:

Where/who did you hear about me?

Animal:

Animal's name:

Breed/type:

Sex:

Entire or sterilised:

Date of birth if known or estimate:

How long have you had him/her?:

Where did you get him/her from?:

How long did it take for him/her to settle in with you?:

**Current Health Concerns**

What is your pet's main complaint, the complaint that bothers you the most, which you want fixed as a priority?

When did it first start?

What treatment have they received to date?

Are there any other complaints?

Please list any medication your animal is currently taking, including health supplements:

## **Health History**

List the past complaints that you can remember or know of, even if now resolved. Following is a list of possible areas.

Eyes:

Skin:

Digestion, vomiting:

Stool:

Urine, uti, etc:

Kidney:

Heart:

Respiratory:

Allergies:

Fleas, flea control:

Worms, worm control:

Surgery:

Neurological:

Other:

## **Traumas, Accidents**

Have there been any traumas - either physical or psychological?

## **Vaccines**

Please detail the vaccines/injections your animal has had to your knowledge, with the approximate dates or age:

Please detail any adverse reaction to any vaccine/injection/drug your pet has had in their life, however minor:

## **Family History**

If you know any details about the family history of your pet, please list them here:

## **Diet and Thirst**

What is your pet's diet? Please include details, frequency and brands.

What is their thirst like?

Are there any preferences, such as water temperature?

### **Fears**

If your pet has any strong fears please give details.

### **Sleep**

How does your pet sleep?

### **Holistic Treatment**

Please indicate if your pet has had a consultation with a holistic therapist or homeopath before and if so, what remedies were prescribed.

### **Family**

Are there any other animals in the family?

How is the relationship?

### **General**

What are your expectations from your pet's homoeopathic consultation with me?

Comments

### **Re-scheduling or Cancellations**

Homeopathic consultations take time. My appointments are lengthy to discover the core reason for ill health. So cancellations or failure to arrive for an appointment makes a big impact on my day.

Inevitably there are times where you need to cancel or re-schedule your appointment. Wherever it is possible, I do appreciate you giving me as much notice as possible, at least 24 hours is preferred. Often, people ring me early in the day for an appointment and it is frustrating for us both when there is apparently no free slot, which ultimately becomes available.

Those who fail to come to a prearranged appointment or don't give me 24 hour advance notice may be charged for the full consultation.

I appreciate your consideration.