

Pet Personality & Clinical Signs

Owner & Animal Information						
Owner Name				Telephone		
Pet Name				<input type="checkbox"/> Canine <input type="checkbox"/> Feline	Age	
Breed			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Color		
Major Complaints						
Primary Vet				Telephone		

The constitution types below help to determine patterns in your animal's health.

"Normal" applies to your pet's general personality when healthy (before illness or "abnormal").

Please check all boxes below that apply to your pet.



Fire	
"Loves everyone, even strangers"	
Normal	Abnormal
<input type="checkbox"/> Lively <input type="checkbox"/> Communicative <input type="checkbox"/> Very friendly <input type="checkbox"/> Affectionate <input type="checkbox"/> Loves to be petted <input type="checkbox"/> Center of the party	<input type="checkbox"/> insomnia <input type="checkbox"/> separation anxiety <input type="checkbox"/> restless <input type="checkbox"/> excess heat <input type="checkbox"/> rapid heart rate <input type="checkbox"/> heart problems



Wood	
"Pack leader, in charge, confident"	
Normal	Abnormal
<input type="checkbox"/> decisive <input type="checkbox"/> assertive <input type="checkbox"/> confident <input type="checkbox"/> strong <input type="checkbox"/> impulsive <input type="checkbox"/> athletic stamina <input type="checkbox"/> alpha animal	<input type="checkbox"/> ligament problems <input type="checkbox"/> liver problems <input type="checkbox"/> red eyes <input type="checkbox"/> angers easily <input type="checkbox"/> ear problems <input type="checkbox"/> nail problems <input type="checkbox"/> footpad problems <input type="checkbox"/> anal sac issues

Earth	
"Couch potato, loves food"	
Normal	Abnormal
<input type="checkbox"/> relaxed, laid back <input type="checkbox"/> sociable <input type="checkbox"/> round and large <input type="checkbox"/> loyal <input type="checkbox"/> serene and balanced <input type="checkbox"/> cares for others (motherly)	<input type="checkbox"/> diarrhea <input type="checkbox"/> constipation <input type="checkbox"/> loss of appetite <input type="checkbox"/> vomits <input type="checkbox"/> gum disease <input type="checkbox"/> weak muscles <input type="checkbox"/> overeats - obese <input type="checkbox"/> worries

Water	
"Cautious, Afraid of new people/situations"	
Normal	Abnormal
<input type="checkbox"/> careful <input type="checkbox"/> curious <input type="checkbox"/> self-contained <input type="checkbox"/> likes to hide <input type="checkbox"/> meditative <input type="checkbox"/> slow & consistent	<input type="checkbox"/> rear weakness <input type="checkbox"/> fearful <input type="checkbox"/> bone & back issues <input type="checkbox"/> urinary problems <input type="checkbox"/> disturbed growth <input type="checkbox"/> deafness <input type="checkbox"/> reproductive problems

Metal	
"Obedient, Does their own thing, uninterested"	
Normal	Abnormal
<input type="checkbox"/> loves order <input type="checkbox"/> obeys the rules <input type="checkbox"/> aloof <input type="checkbox"/> symmetrical body <input type="checkbox"/> disciplined attitude <input type="checkbox"/> good haircoat	<input type="checkbox"/> asthma <input type="checkbox"/> dry skin <input type="checkbox"/> sinus problems <input type="checkbox"/> breathing disorder <input type="checkbox"/> nose problems <input type="checkbox"/> cough

Please circle all that apply to your pet on this page:

	Yang (Heat)	Yin (Cold)	Normal
Preferences: <i>(Resting at home)</i>	Shade or cool locations (concrete/tile)	Sun or warm locations (carpet)	No preference/neither
Personality:	Hyperactive, outgoing, confident, strong (Fire/Wood)	Quiet, timid, less confident (Earth/Water)	
Diet: <input type="checkbox"/> dry <input type="checkbox"/> canned	Dry food, hot food (chicken, lamb, white rice)	Raw, Cold food or drink (fish, turkey, duck)	
Thirst:	Thirsty	Less Thirsty	Normal
Appetite:	Ravenous	Finicky	Good/Normal
Feces:	Dry or bloody or malodorous	Loose or diarrhea	Normal
Urine:	Short stream or malodorous or bloody	Long stream or urinary leakage	Normal
Medications:	Steroids, Yang/Qi tonic herbs	Antibiotic, Heat clearing/Yin Tonic herbs	
Age:	Young	Old	
Disease Course:	Short Acute Disease	Long Chronic	

Further Questions: (*Circle all that Apply*)

Water Intake: Normal Loves to Drink No Thirst Increased Decreased

Food Intake: Normal Finicky Poor Ravenous

Voice: Loud Weak Changed

Cough: Dry Wet Loud Weak Productive(foam/phlegm) Daytime Nighttime Worse at Night

Respiration: Normal Heavy Strong Weak Superficial Short of Breath on Walks

Feces: Normal Watery Loose Dry Constipation Bloody Mucous Incontinent Malodorous

Urination: Normal Long Short Incontinent Bloody Malodorous

Exercise: Normal Lots Too Little Intolerant (quits or refuses)

Sleep: Normal Too Much Too Little Restless At Night Vocalizes at Night
 Likes Soft or Hard Bed Muscle Jerking during Sleep

Vomiting: None Frequent Sporadic AM/PM Just After Eating Volume: Much or little
 Food or Water or Both With Undigested Food

Stiffness: Acute Chronic None
 Worse: In Morning In Evening When Cold When Hot When Damp With Exercise
 Worse when first gets up When first gets up then better

Massage: Likes Massage Dislikes Massage

Client Information:

Date _____

Name _____ Spouse _____

Street Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

Email Address _____ (Please circle preferred contact number if multiple)

Emergency Contact _____ Phone (____) _____

How did you learn about our practice? _____

Primary reason for visit _____

Pet Information:

Pet's Name _____ Birthdate _____

Species: Canine / Feline Breed _____ Color _____

Sex: M/F Neutered/Spayed: Y/N Age Neutered/Spayed _____

What age was pet obtained? _____ From: Friend Rescue _____

Breeder Other _____

Describe your pet's diet: Canned Dry Brand _____ Protein type _____

Homecooked Ingredients _____

Heartworm preventative: Y/N Brand: _____ Flea & Tick Medication _____

Current Medications _____

Please check any symptoms or problems you've noticed with your pet:

- | | | |
|--|--|---|
| <input type="checkbox"/> Appetite Loss | <input type="checkbox"/> Gagging | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Behavior Changes | <input type="checkbox"/> Gums Bleeding | <input type="checkbox"/> Thirst |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Limping | <input type="checkbox"/> Urination Increase |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Eye Disorders _____ | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Other _____ |

Pet History (check all vaccines that pet has received)

- | | | |
|--|---|---|
| <input type="checkbox"/> Prior Surgery _____ | <input type="checkbox"/> Feline Leukemia Test | <input type="checkbox"/> Rabies (Dog/Cat) |
| <input type="checkbox"/> Prior Illness _____ | <input type="checkbox"/> FVRCP (Infectious Disease Cat) | <input type="checkbox"/> Distemper/Parvovirus-DHPP(Dog) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Dental | <input type="checkbox"/> Bordetella |

Statement of Ownership and Consent

I am the owner of the above described animal or I have the authority to consent to its treatment, and I accept all financial responsibility. I hereby authorize the performance of professionally accepted diagnostic, therapeutic, and/or surgical procedures as necessary.

I understand that payment is required upon completion of services and failure to provide payment may result in finance charges being assessed to any overdue balance.

Signature of client responsible for pet(s) _____ Date _____