

Name: _____ (print first and last)

Pet's Name:	Date of Birth:	Age:
Circle one: Male or Female Type of Animal:	Breed:	

List your pet's major concerns:		
1. _____	When did this start?	_____
2. _____	When did this start?	_____
3. _____	When did this start?	_____

Type of food you feed your pet:	Number of bowel movements each day?
Check their bowel movements: ____loose ____well formed ____ loose and formed ____incomplete	

List all allergies:
List any major illnesses or surgeries your pet has had and how long ago:

Any odd or unusual behaviors:
Current Weight: Circle predominate emotions: Happy Nervous Obsessive Depressed Irritable

Please list all current medications and supplements as well as why your pet is taking them:			
Medication/Supplement	Dosage	Length of Time Taken	Reason

I fully understand that our proprietary testing service deals strictly in helping improve general health through better nutritional approaches, improved lifestyle, improved health habits and positive mental attitudes. I fully understand that employees of our proprietary testing service are not licensed physicians and cannot diagnose diseases, prescribe drugs or recommend treatments for specific disease conditions. I understand that all evaluations/analysis performed by are designed to evaluate my pet's inherent constitution and temperament for the sole purpose of helping to improve the general health of my pet through nutrition, habits, and attitudes. I further understand that all evaluations/analysis cannot determine specific disease conditions, and do not replace the diagnostic services offered by licensed physicians. I certify that our proprietary testing service has not suggested that I cease any medical care for my pet. I understand that decisions I make regarding health care for my pet are my responsibility and certify that I will not hold our proprietary testing service responsible for the consequences of my decisions. These services are not a substitute for prompt medical attention needed. Natural attempts will be made to relieve discomforts, but if a medical professional is needed, seek medical attention or verify recommendations with a physician. I certify that I am here on this and on any subsequent visits or contact, whether by mail, telephone, or in person, solely on my own behalf and not as an agent or representative of any federal, state, county, or local government or private agency on a mission of investigation. I have read and understand the foregoing and agree to the terms and conditions set therein.

Signature: _____ Date: _____

Referring Doctor: _____