

GUIA VITA HOMEOPATHIC CLINIC

Guia Vita - Melendres BSMT, MD(Phils.), DHMHS, HOM
Homeopath
790 Bay St. Suite 401
Toronto, Ontario M5G 1N8
Tel: (416)455-2718
Email: guia@me.com

ANIMAL HOMEOPATHIC INTAKE FORM

DATE:	Referred by:	
Pet Name:	Age:	Sex: F ___ M ___
Owner's Name:		
Address:		
City:	Province:	Postal Code:
Home Phone:	Cellphone:	
Owner's Email address:		
Present Veterinarian:		
Address:	Telephone No.:	

ANIMAL INFORMATION:

Major Complaints In Order Of Importance. Please state onset and causes:

Pet's current medications and vitamins. Please state any adverse effects on them.

Pet's current treatments / therapies. Please indicate date started and progress achieved.

Please indicate which of the following conditions your pet has had:

<input type="checkbox"/>	Abscesses	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	Leukemia
<input type="checkbox"/>	Anemia	<input type="checkbox"/>	Colitis	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Parasites
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Constipation	<input type="checkbox"/>	Respiratory Problem	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	

Injuries / Surgeries:

Type: _____ Date: _____

Type: _____ Date: _____

Type: _____ Date: _____

Does your pet have a problem on:

Weight gain _____ **Weight loss** _____ **Current weight** _____

VACCINATION / ILLNESS HISTORY:

What vaccinations has your pet had?

Has your pet ever had an adverse effect from a vaccination? If so, please describe:

Is there anything else that you feel is important to your pet's case that you would like to mention?
