



Health History Intake Form

Date: _____ Type: Equine / Canine / Other _____

Animal's Name: _____ Breed: _____

Male / Female Altered / Unaltered Age: _____ Color: _____

Weight: _____ Exercise / Job: _____

Diet: _____

Supplements: _____

Appetite: _____ Stools: _____ Coat: _____

Surgery: _____

X-Rays: _____

Illness: _____

Injuries: _____

Orthopedic / Joint Issues: _____

Pain Management Protocol: _____

Medications: _____

Environmental Influences (living environment, new animals, changes, etc.)

Disposition Today: _____

Guardian and Contact Information

The practitioner reserves the right to contact your veterinarian with any questions about your animal(s).

Guardian Name: _____

Address: _____

Phone(s): _____ Email: _____

Veterinarian Name and Phone: _____

Referred by: _____

Years with Current Guardian: _____

Previous Home: _____

Guardian's Goals and Objectives: _____

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