

Pet Profile and Medical History
Health, Fitness and Nutrition Consultation

PERSONAL INFORMATION:

Name: _____ **Today's Date** _____

Address _____ **Age:** _____

City _____ **State** _____ **Zip** _____

Emergency Contact: Name _____ **Phone** _____

Owners Home Phone _____ **Cell** _____

How would you rate he or she's overall health? **Excellent** **Good** **Fair** **Poor**

What foods does he/she currently eat/drink? _____

Is he/she currently taking any medications or supplements? _____

If so please note: _____

Any unusual behaviors? _____

Explain: _____

How did you hear about our facility: _____

Reason for consultation: _____

Pet's Doctor: _____ **Last Visit** _____

Phone Number _____

Please indicate any personal history below.

Drug Allergies:

Known Food Allergies:

Environmental Allergies:

Surgeries or Injuries

Do you have any experience with the following: (please circle)

Homeopathy Acupuncture

Bio-Feed Back Herbal Remedies

Others (please explain): _____

Medications and/or Supplements:

Sharon Welch is a Health, Fitness and Nutrition Consultant. Sharon Welch is certified in Holistic Health Care, Holistic Nutrition, Life Coaching and Personal Training. I am not a licensed medical doctor. The evaluations performed are non-invasive traditional Oriental and European methods. These Evaluations are not considered a medical diagnosis.

Please indicate below that you have read and understand the above statement.

Signature _____ Date _____