Creature Comfort
Holistic Veterinary Center

Welcome!

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

REGISTRATION

Owner: _____ Date: _____
Address: _____ Employer: _____
_____
Significant Other: _____ Employer: _____
Phone: _____ Work Phone: _____ Email: _____
Emergency Contact Name: _____ Phone _____
How did you learn about our clinic? ☐ Sign Outside ☐ Yellow Pages ☐ Facebook ☐ Recommendation
☐ Website ☐ News Paper ☐ Other: _____
If recommended, by whom? _____
Number of Pets Dogs: _____ Cats: _____ Other (Specify): _____
Reason for Visit: _____

Owner Date of Birth : _____
(Should there be a need to administer control substances to your pet, it is required that you are 18 years and older)

Photo Release

I'm Famous!

Creature Comfort Holistic loves making pets Facebook + Instagram famous! Please give us your permission to share your pet(s)' image and story on social media, our website, and other marketing materials with your signature below. Your personal information will never be shared.

Signature: _____
Printed name:

AUTHORIZATION

- I am the owner or agent of _____ and have the authority to execute this consent.
- I request that Creature Comfort Holistic Veterinary Center Creature Comfort Holistic Veterinary perform the services which are necessary for examination, medical treatment and physical therapy of the animal listed above.
- I understand that Creature Comfort Holistic Veterinary is using methods of treatment including, but not limited to acupuncture, nutritional supplements, ozone therapy, cold laser therapy, Traditional Chinese herbs and physical therapy some of which may not be recognized as standard methods of treatment by the AVMA (Amerincan Veterinary Medical Association).
- The nature and purpose of the procedures and method of treatment, the risks involved, and hte possiblity of complications have been fully explained to me.
- I acknowledge that no guarantee or assurance has been made as to the result that may be obtained,just as with conventional medical treatments.
- I understand that the treatment of the patient will be conducted with professionalism and in accordance with prevailing standards of competency in veterinary acupuncture, veterinary physical therapy and Traditional Chinese herbal medicine as recognized by the AAVA (American Academy of Veterinary Acupuncture), and IVAS (International Veterinary Acupuncture Society).

I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: _____ **Date:** _____
Method of Payment: ☐ Cash ☐ Check ☐ Mastercard ☐ Visa ☐ Other: _____

Creature Comfort
Holistic Veterinary Center

Review of Symptoms:

1.) Gastrointestinal tract:

Flatus	☐ yes ☐ no
Constipation	☐ yes ☐ no
Vomiting	☐ yes ☐ no

If so, what does the vomit consist of (ie. water, food, mucus, bile): __

Diarrhea ☐ yes ☐ no

If so, describe (ie. undigested food, blood, brown, black/tary, mucus):

Burping	☐ yes ☐ no
Borborygmus (noisy intestines)	☐ yes ☐ no
Straining to defecate	☐ yes ☐ no
Fecal incontinence	☐ yes ☐ no
Malodorous gas	☐ yes ☐ no

2.) Respiratory:

Coughing	☐ yes ☐ no
Sneezing	☐ yes ☐ no
Reverse sneezing	☐ yes ☐ no
Wheezing	☐ yes ☐ no
Abnormal breathing	☐ yes ☐ no
Panting excessively	☐ yes ☐ no

3.) Cardiovascular:

Poor stamina	☐ yes ☐ no
Heart murmur	☐ yes ☐ no
Other known heart condition	☐ yes ☐ no

If yes, please describe:

4.) Musculoskeletal:

Stiffness ☐ yes ☐ no

If so, where: __

Soreness ☐ yes ☐ no

If so, where: __

Difficulty getting up or jumping	☐ yes ☐ no
Muscle wasting	☐ yes ☐ no
Abnormal gait	☐ yes ☐ no

Creature Comfort
Holistic Veterinary Center

5.) Integument/skin:

Dandruff	☐ yes ☐ no
Rash	☐ yes ☐ no
Pruritis (itching)	☐ yes ☐ no
Oiliness	☐ yes ☐ no
Hair loss	☐ yes ☐ no
Wounds with discharge	☐ yes ☐ no
Hot spots	☐ yes ☐ no
Frequent anal gland issues	☐ yes ☐ no
Location of any lesions: __	

6.) Urinary:

Urinary incontinence	☐ yes ☐ no
Straining to urinate	☐ yes ☐ no
Cystitis	☐ yes ☐ no
Urinary tract infections	☐ yes ☐ no
Increased volume or frequency of urination	☐ yes ☐ no
Malodorous urine	☐ yes ☐ no
Color of urine	☐ dark ☐ light
Discharge from prepuce or vagina	☐ yes ☐ no
Losing house training habits	☐ yes ☐ no

7.) Head, ears, eyes, nose, throat:

Loss of vision	☐ yes ☐ no
Loss of hearing	☐ yes ☐ no
Cloudiness of lens	☐ yes ☐ no
Discharge from eyes	☐ yes ☐ no
If so, which eye?	☐ left ☐ right ☐ both
Ear Infection	☐ yes ☐ no
If so, which ear?	☐ left ☐ right ☐ both
Halitosis	☐ yes ☐ no
Eye lesions	☐ yes ☐ no
Oral lesions	☐ yes ☐ no
Gingivitis	☐ yes ☐ no
Bad dental disease	☐ yes ☐ no
Date of last dental cleaning: __	
Lesions on nose or ear tips	☐ yes ☐ no
Noise sensitivity	☐ yes ☐ no

8.) Neurological:

Confusion or disorientation	☐ yes ☐ no

Creature Comfort
Holistic Veterinary Center

Seizures	☐ yes	☐ no
Head tilt	☐ yes	☐ no
Incoordination	☐ yes	☐ no
Tremors	☐ yes	☐ no
Dragging of limb(s)	☐ yes	☐ no

9.) General physical signs:

Change in behavior with family	☐ yes	☐ no
Responding less enthusiastically	☐ yes	☐ no
Gaining or losing weight	☐ yes	☐ no

Does weather, season, time of day or movement affect the symptoms of main complaint? ☐ yes ☐ no
If so, please describe:

Current diet, including brand and how much/often you feed a day: __

Current medications and supplements, including dosages: __

Any history of food or drug sensitivity? ☐ yes ☐ no
If so, please explain:

Describe your pet's personality and how they interact with other animals or people: __

Does your pet have any fears or phobias? ☐ yes ☐ no
If so, please describe:__

Creature Comfort
Holistic Veterinary Center

Please describe your pet's characteristics with the following:

Appetite:

Thirst: __

Energy level: __

What exercise is most common (such as play/walks/hikes): __

How often and how long are walks or exercise: __

Energy level in the morning vs afternoon vs evening: __

Temperature preference (ie. seeks cool or warm areas): __

Sleep signs (ie. restlessness, dream filled, deep, falls asleep easily, snoring): __

Has your pet had any litters? ☐ yes ☐ no
If yes, how many? __

Date of spay or neuter: __

History of any other surgeries or trauma: __

Vaccine or titer history:
List vaccines given and the dates: __
Date of last titer and results: __

Any vaccine reactions? ☐ yes ☐ no
If so, please describe: __

Creature Comfort
Holistic Veterinary Center

Philosophy / preference regarding vaccines: __

Please write any other pertinent information here: __