Client Consultation Questionnaire:

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| Client Name:  Tel:  e-mail: |  |
| Dog Name:  Age:  Breed:  Sex: |  |
| Is your dog neutered/spayed? |  |
| Is your dog vaccinated/up to date with vaccinations?  Is there typically any reaction post vaccination (any illness at all)? |  |
| Is your dog regularly wormed &/or treated for fleas/ticks. Do you use chemical wormers/flea drops?  Has there typically been any reaction to these treatments? |  |
| What food is your dog currently fed |  |
| Is your dog currently on any medication?  Has the dog recently come off any medication (last 6 months)? |  |
| Outline basics of current problem(s):  *Include changes to appetite, bowels, character, etc.*  Has a Vet been consulted/is there a veterinary diagnosis of the problem or was any action recommended/taken – what was the outcome of this:  Has there been a history of illness (either same or different from above). If so, please detail basics: |  |
| When was the last time blood samples/tests were taken?  Were any concerns raised? |  |
| Who is your current Veterinarian? |  |

***Once completed e-mail to: holistichoundie@gmail.com***