

Health History Consultation Form

This form **MUST** be physically signed at the bottom – NOT typed - and fax ed, emailed or snail mailed back to us **PRIOR** to your consultation



1700 17th Ave SE, Rio Rancho NM 87124

Owner Information

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Canine/Feline Information

Breed of Dog/Cat: _____

Dog/Cat's Name: _____

Age of Dog/Cat _____

Weight of Dog/Cat: _____

(If dog is a mix ed breed, please describe dog, including its weight and height)

Gender (M ale or F emale?) _____ Spayed, Neutered O r Intact? _____

Was there any noticeable physical or emotional change in your pet after being spayed or neutered? If yes, ex plain _____

H as your pet ev er been pregnant? Y or N If so when _____

H ow many litters _____

Where did you obtain your pet? (ie, breeder, shelter, rescue, etc.) _____

What age was your pet when they came to liv e with you and how long hav e you had him or her? _____

If from a breeder, do you hav e health certificate copies of your pet's parents?

Date O f Last V accinations? _____ V accinated for: _____

H ow often is your pet v accinated and which v accines do they receiv e?

Is your pet microchipped? Y or N If yes, when _____

General health condition (skin, hair/coat condition, eyes - clear of any discharge or is there a discharge from time to time or every morning? normal stools or loose? lethargic or energetic? etc.) _____

Please attach or email a recent photo of pet if possible.

Has the animal been diagnosed by a veterinarian with any illness or health problems? Also include any past or recent surgeries. Please list all diagnoses and how long problems have been on going as well as any symptoms still persisting:

Is She/He Currently On Any Medications (include any recent courses of steroids or antibiotics)? If on prescription medications, what were they prescribed for and how long has he/she been on them? Have there been changes observed since being on the medications? If so, please list:

Is your pet on any parasite preventions (Heartguard, Frontline, Ivermectin, Advantage, Moxidex, etc)? Which ones and for how long?

Does your pet exhibit any of the following physical conditions? (please explain any yes answer)

- | | |
|-----------------------------------|--|
| Y – N Allergies | Y – N Ear Problems / Infection-Mites |
| Y – N Arthritis/Joint Stiffness | Y – N Eye Infections/Drainage-irritation |
| Y – N Autoimmune Disorders | Y – N Heart Problems |
| Y – N Cancer / Tumors | Y – N Reproductive Problems |
| Y – N Cataracts / Vision Problems | Y – N Seizures |
| Y – N Deafness / Hearing Impaired | Y – N Skin / Coat Problems |
| Y – N Digestive Difficulties | Y – N Skeletal Abnormalities(hip dysplasia, etc) |

Other/explain:

Does your pet exhibit any of the following temperament problems? (Please explain any Yes answer)

- | | |
|---------------------------|------------------------|
| Y – N Aggressive behavior | Y – N Dominance Issues |
|---------------------------|------------------------|
-

Y – N Barking (ex cessiv e)
Y – N Biting
Y – N Chewing / licking on objects
Y – N Chewing / licking on self
Y – N Compulsiv e Behav ior (ex plain below)

Y – N Doesn't get along with others
Y – N Pacing
Y – N Scratching
Y – N Separation Anx iety

O ther/ex plain: _____

Describe the animal's current L ife Style. Ex ample would be: how much ex ercise, how long out of doors (if at all), home alone during the day, where the pet sleeps, interactions with other pets people, fav orite toy, fav orite pastime, etc. Be as detailed as possible.

Current Diet – please include as much information as possible such as brand name of food, the amount of food the dog/cat gets at each feeding and how many feedings a day, how long has the dog/cat been on this particular food and what was the dog eating before the current diet? _____

H ow many times hav e you switched dog/cat food and what brands?

List names of all supplements, v itamins and any other foods, table scraps or treats you are giv ing the dog/cat. (L ist everything please). H ow many treats (estimate) does the dog/cat get in a day?

What brand of laundry soap, floor and/or counter cleaners do you use?

Do you use air fresheners or burn scented candles? Y es _____ No _____
If yes, which ones and how often?

What cleaning products do you use in your home? For floors, furniture, air fresheners, etc?

What products do you use in your yard? Are pesticides used on the lawn? Chemical fertilizers?

Some additional questions:

How did you find my service?

What are your top three main concerns for your dog above?

- 1.
- 2.
- 3.

Disclosure Statement

The purpose and general goal of the animal naturopathic consultation offered by Kim Bloomer, C.V.N.D. is to educate the client about their animal's body systems in relation to function and ability pertaining to maintenance of overall homeostasis (balance) through the removal of various, and typically specific, obstacles to their health, this thereby encouraging their body's own natural healing processes. Kim Bloomer, C.V.N.D. does not function as a traditional allopathic veterinarian by diagnosing disease, treating disease, or performing invasive procedures, nor do her services replace that of a traditional licensed allopathic veterinarian.

The information offered by Kim Bloomer, C.V.N.D. is intended to provide general guidance. Nothing on the web site or during a regular consultation constitutes traditional allopathic veterinary advice. Always consult with a licensed veterinarian before undertaking any course of "treatment" for your animal or changing treatments or medications your own veterinarian has already prescribed. This consultation will hopefully suggest additional options to think about, and other areas to explore, based on your dog's condition.

I, as a mature adult, have read the disclosure statement and understand its content and the limits of these services. I voluntarily seek these consulting services for my animal and assume full responsibility for this decision. By completing and submitting this form, this constitutes my legal signature and acceptance of the services offered by Kim Bloomer, C.V.N.D., which will stand for the initial consultation date, stated in this disclosure form and for all subsequent consultations occurring after this date.

On consultations, whether by email or phone, once you've received your consult, there are no refunds. Refunds are available only if you cancel prior to your appointment 24 hours in advance (if by phone) or prior to the agreed upon deadline delivery date of your email consult. Once you have received your consultation, similar to software sales, no refunds are available at that time.

This form MUST be physically signed – NOT typed - and fax ed, emailed or snail mailed back to us PRIOR to your consultation

I have read and agree with the Disclosure Statement:

Signature: _____

Date: _____

Please email this history/questionnaire to: drkim@aspembloompetcare.com OR snail mail to:

Dr. Kim Bloomer
1700 17th Ave SE
Rio Rancho, NM 87124-3896

Please use this link for payment options:

<http://aspembloompetcare.com/consultations/consultations> Payment is required in advance of consult. For our cancellation policy on consultations, please refer to our Customer Service Page here <http://aspembloompetcare.com/customer-service>

Thank you, I look forward to working with you to help your dog live a long, healthy, happy life!

Dr. Kim Bloomer
