

*Creative Warrior Healing*



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**NATUROPATHIC PET CARE – CONSULTATION**

*Owner's Name* \_\_\_\_\_

*Contact Info: Home/Work Phone:* \_\_\_\_\_ *Cell:* \_\_\_\_\_

*Email:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Type:** DOG CAT

**Age (apprx if unknown):** \_\_\_\_\_ **Weight (apprx):** \_\_\_\_\_ **Gender:** M F

**Breed (suspected, if unknown):** \_\_\_\_\_

**Spayed/Neutered:** YES NO **Date Altered (est if unknown):** \_\_\_\_\_

**Date Pet was Acquired:** \_\_\_\_\_ **Source:** \_\_\_\_\_

**Vaccination History:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Past Surgeries/Medications/Health Problems, if known:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Medications/Supplements/Etc.:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current Diet: Feeding Times per Day:**\_\_\_\_\_

**Type and Amount of Food:**\_\_\_\_\_

\_\_\_\_\_

**Current Health Problems:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_