



Thank you for choosing Integrative Veterinary Services. Taking the time to fill in the following information allows us to spend more of your appointment time focused on your pet, and less time on paperwork. Please fax (517-292-8881) or email (drmattacu@aol.com) the form to us at least 24 hours prior to your appointment, if possible.

We look forward to working with you!

OWNER INFORMATION:

Owner Name:			Spouse/Partner/ Other:					
Street Address:			City:		State:		Zip:	
Phone:								
Alternate Phone:								
Email:								
Primary Veterinarian:								
Name of Clinic:								
Veterinarian Phone:								
Veterinarian Fax:								

PET INFORMATION:

Pet Name:	
Breed:	
Age or Date of Birth:	
Sex:	
Spayed or Neutered?	
Pet's Origin (Breeder, rescue, stray, etc.):	
Pet's Personality:	

DIET INFORMATION – (PLEASE MARK ALL BOXES THAT APPLY!):

Dry:	<input type="checkbox"/>
Canned:	<input type="checkbox"/>
Homemade:	<input type="checkbox"/>
Raw:	<input type="checkbox"/>
Eats free choice:	<input type="checkbox"/>
Set meal times:	<input type="checkbox"/>
# treats per day:	<input type="checkbox"/>
Brand/type of treats used:	<input type="checkbox"/>

If using dry kibble, canned or prepared diet please list the brand here:

MEDICATIONS – (INCLUDING HEARTWORM AND FLEA/TICK PREVENTATIVE):

NAME OF MEDICATION:	DOSAGE AND FREQUENCY GIVEN:

SUPPLEMENTS/HERBAL FORMULAS:

NAME OF SUPPLEMENT:	DOSAGE AND FREQUENCY GIVEN:

PET PREFERENCES – (PLEASE MARK ALL THAT APPLY!):

Warmth:		Moist/canned food:	
Cold:		Massage/petting/brushing:	
Hard Surfaces:		Limited touching:	
Soft/padded surfaces:		Company of people:	
Lounging:		Company of other animals:	
Active Play:		Prefers alone time:	
Dry food:		Enjoys children:	

PHOBIAS – (PLEASE MARK ALL THAT APPLY!):

Other Animals:	
Thunder:	
General loud noises:	
People:	
Certain objects:	
Other:	

IMPORTANT MEDICAL HISTORY:

DATE OF OCCURANCE:	DESCRIPTION OF PROBLEM:

KNOWN ALLERGIES OR SENSITIVITIES:

Foods:	
Drugs:	
Environmental/Other:	

MAJOR CONCERN / REASON FOR SEEKING TREATMENT WITH INTEGRATIVE VETERINARY SERVICES:

Issue/Complaint:	
Beginning Date:	

RESPONSE TO CURRENT TREATMENTS:

Adverse Effects:	
Partial response:	
Successful:	
No change noted:	
EXPLANATION:	

ANY ADDITIONAL COMMENTS/INFORMATION: