VCA San Francisco Veterinary Specialists

Integrative Medicine Intake Form

We appreciate your taking the time to fill out this form. Please answer the prompts as best as possible and print clearly.

Today's Date:	Owner/Caregiver:	
Pet's Name:	Pet's Age:	Pet's Gender: ❒M ❒F
Chief Complaint:		
Other Problems:		

I. Physical History

Eye Issues: Discharges (color, texture, amount): _____
Vision changes: _____
Lens health/cataracts: _____

Ear Issues: Discharges: _____
Color/texture/odor: _____
Hearing changes: _____

Nose: Discharges/color/frequency/seasonalities?: _____
_____

Throat: Soreness, phlegm: _____

Respiratory: Breathing (rough, moist, wheezing, snoring): _____
Coughing (dry, moist, forceful, weak, hacking, seasonal, weather-related): _____
_____

Gastrointestinal: Mouth: teeth, gums, salivation: _____
Appetite: amount, time, rate of eating: _____
Thirst: high/low/normal, small sips/tank up: _____
Vomiting: color, consistency, w/ undigested food particles (UDFP), mucous, timing (immediately after eating?), frequency, violence: _____
_____
Stomach sounds: gurgling, gas: _____
Feces: Normal/loose/diarrhea/constipation: _____
Mucous or blood in stools?: _____
Straining?: _____
Odor: strong?: _____
Color: esp. very dark or very light (grey): _____
UDFP?: _____

(Continued)

Diet: Current diet: _____

How much?: _____

Food motivated? or indifferent?: _____

Eats slow/fast/in installments?: _____

Any food preferences or aversions?: _____

Sensitive to dietary changes?: _____

Are dietary changes possible?: _____

Could you provide home-cooked meals?: _____

Will she/he accept supplements in food?: _____

Immunological History: What vaccines have been given in the last year?: _____

_____

Has she/he ever had an adverse reaction to a vaccine?: _____

Does she/he have a history of skin problems?: _____

Heart: History of circulatory problems: _____

Late sleeper or early riser?: _____

Energy level: _____

Pacing/howling?: _____

Erratic behavior?: _____

Kidney/Urinary/Bladder: Disorders/blood values: _____

Cystitis: Straining: _____

Blood in urine: _____

Crystals: _____

Urination: Frequent/infrequent: _____

Nighttime: _____

Incontinence? What time of day?: _____

Bones/Muscles/

Ligaments: Lameness location: _____

Pain vs. stiffness: _____

First occurrence: _____

Frequency of recurrences: _____

Duration: _____

Better with motion/rest: _____

Worse with damp weather?: _____

Cold weather?: _____

Fixed location or moving?: _____

Warm to touch or cool?: _____

Neurological Issues: History of seizures?: _____

History of neurological surgery?: _____

Time of occurrence/recurrence?: _____

(Continued)

II. Personal/Family History

How long has the patient lived with you? _____

Are there other companion animals in the house? _____

_____

Are there other people in the house? _____

What is his/her home environment like? _____

Where does he/she rank among other household members (human and animal)? _____

_____

What is her/his personality like (dominant, submissive, passive, aggressive, etc.)? _____

_____

Does her/his personality change when away from home? _____

Has she/he ever expressed any unusual aggression? _____

Is she/he obedient or stubborn? _____

Is she/he possessive (toys, people, food, etc.)? _____

How does she/he react to strangers (protective?)? _____

What emotional observations would you make about her/him? _____

_____

III. General

Does he/she like to lie in the sun or shade? _____

Where does he/she usually sleep? _____

In what position does he/she lie? _____

Does he/she prefer physical activity or a more sedentary life? _____

Is she/he on any medications? Please list. _____

_____

Is she/he taking any supplements? Please list. _____

_____

Is she/he affected by the weather? _____

How does she/he tell you she/he is ill? _____

_____

_____

STATEMENT OF OWNERSHIP AND CONSENT: I am the owner and/or agent of the above animal and have the authorization to consent to treatment if and when it is needed. By signing this agreement, I authorize VCA San Francisco Veterinary Specialists staff to provide care and perform any treatment, including the administration of anesthesia and surgical procedures they consider reasonable and necessary for my animal, and I consent to any such services. I understand that with any medical or surgical procedures there are always risks involved, including death, and that no warranty or guarantee is being made as to the results or cure.

I understand that I must come in and collect my animal before close of the next business day once notified to do so. Additional charges will accrue if my animal is not collected on the day he or she is ready to be released from the hospital. I will be responsible for all charges incurred. I understand that all veterinary services are to be paid for at the time such services are provided. A finance charge of 1.5% (18% per annum) will be charged on all unpaid invoices beginning 30 days from the invoice date. All unpaid checks and delinquent accounts will be transferred to a collection agency.

Owner/Authorized Caregiver Signature (Required): _____ Date: _____

***Verified by (Office Use Only):* _____**