

Radiant Animal Wellness

Krystal L. Beers

Health History Consultation Form

Please complete the following information as entirely as you can; use additional sheet if needed.

Name: _____

City/State/Province and Country: _____

Email Address: _____

Phone Number: _____

If you are requesting a consultation for more than one animal, please complete one form for each individual.

Which consultation are you requesting?

___ R.A.W. Nutrition

___ Puppy & Kitten Wellness

___ Carnivore Wellness

How did you hear about Radiant Animal Wellness?

ANIMALS INFORMATION

Name: _____

Species/Breed: _____

(If a mixed breed, please describe it)

Age: _____ Weight/Height: _____ Gender (Male or Female) _____

___ Intact ___ Spayed/Neutered ___ Sterilized by vasectomy/ovary sparing spay

Was there any noticeable physical or emotional change in your companion after being spayed/ neutered/sterilized? Yes or No
If yes, explain.

If an intact female, has she ever been pregnant? Yes or No
If so, when?
How many litters?

Where did you obtain your animal? (i.e., breeder, shelter, rescue, etc.)

What age was your animal when they came to live with you, and how long have you had him/her?

If from a breeder, do you have health certificate copies of its parents?

General health condition (skin, hair/coat/feather condition, eyes clear, is there a discharge from time to time or every morning, normal stools or loose, lethargic or energetic? etc.).
Please attach or email a current photo if possible.

MEDICAL HISTORY

Date of last vaccinations: _____

Vaccinated for:

How often is your animal vaccinated and which vaccines are typically given?

Is your companion microchipped? Yes or No
If yes, when?

Has your animal been diagnosed by a veterinarian with any illness or health problems?

Include any past or recent surgeries. Please list all diagnoses and how long problems have been going on, 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 animal on any parasite prevention drugs? (Heartguard, Frontline, Ivermectin, Advantage, Mycodex, etc.) - Which ones, and for how long?

Does your companion exhibit any of the following physical conditions? (*Please explain any yes answer*)

☐ Allergies

☐ Ear Problems / Infection-Mites

☐ Arthritis/Joint Stiffness

☐ Eye Infections/Drainage-irritation

☐ Autoimmune Disorders

☐ Heart Problems

☐ Cancer / Tumors

☐ Reproductive Problems

☐ Cataracts / Vision Problems

☐ Seizures

☐ Deafness / Hearing Impaired

☐ Skin / Coat Problems

☐ Digestive Difficulties

☐ Skeletal Abnormalities (hip dysplasia, etc.)

Other/explain:

Does he/she exhibit any of the following behavior problems? (*Please explain any yes answers*)

- ☐ Aggressive behavior
- ☐ Dominance Issues
- ☐ Mounting (other animals, people, items, etc.)
- ☐ Barking (excessive)
- ☐ Doesn't get along with others
- ☐ Biting
- ☐ Pacing
- ☐ Chewing / licking on objects
- ☐ Scratching
- ☐ Chewing / licking on self
- ☐ Separation Anxiety
- ☐ Fear of loud noises
- ☐ Compulsive Behavior (explain below)

Other/explain:

LIFESTYLE

Describe your companions' current lifestyle. (Example: how much exercise, how much time spent indoors/outdoors, how much time spent alone, where it sleeps, interactions with other pets/people, favorite toy, how active/playful, etc.) Be as detailed as possible!

DIET

Please detail your animals' **current** diet? (Include as much information as possible such as brand name/type of food, amount given each day, how long on this particular food, etc.)

How many times have you switched food, and what brands?

List names of all supplements, vitamins, and any other foods, table scraps, or treats your Companion receives. List everything! - How many treats (estimate) does he/she get per day?

If *not* currently feeding a species appropriate diet, are you willing to do so?

ENVIRONMENT

What laundry items and brand do you use?

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

What cleaning products do you use in your home? For floors, counters, furniture, etc.

What products do you use in your yard and garden? Are pesticides/chemical fertilizers used on the lawn?

For cats, what kind of litter do you use?

Have there been any stressful events (moving, changes in schedule or amount of time spent at home, personal stress or tension in home, loss or addition of other animals, etc.) that have coincided with an occurrence or worsening of the companions symptoms/behaviors?

What are your **Top Three Concerns** for the animal above?

- 1.
- 2.
- 3.

What is your feeling/attitude towards your companions' health? (Do you think he/she is healthy/will recover? Or do you often think the worst?)

Please include any other info you feel is important in regards to your animals' health.

Disclosure Statement

The purpose and general goal of the animal naturopathic consultation offered by Krystal L. Beers is to educate the client about their animals 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. Krystal L. Beers 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 Krystal L. Beers 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 Krystal L. Beers, which will stand for the initial consultation/coaching 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 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 Healthy History/questionnaire to: RAWnaturopathy@gmail.com
OR - If preferred, request my mailing address.

Payment is required in advance of consult. Once we receive your completed Health History/Authorization form, we will email you a PayPal invoice.

Cancellation Policy: For cancellations, please contact us at least 24 hours in advance to avoid being charged.