

Pet Questionnaire

Initial Consultation: \$65
Follow up Consultations: \$35

Owner's Name:

Pet's Name:

Shipping Address:

City:

Phone:

Pet's age:

State:

Email:

Pet Type:

Zip:

Please complete the questions below as best you can. You can email it back to us or keep a copy in front of you during the phone consultation. ALL INFORMATION YOU GIVE IS CONFIDENTIAL.

If sending by email, send to: TotalHealthyLifestyle@gmail.com

- You can attach the completed form, or
- You can copy and paste the contents into your email

What physical problems or personality imbalances is your pet experiencing at the moment?

When did these issues start? (after a move, family members undergoing any undo stresses, another pet or family member brought into the household, started obedience training, change of vet or groomer, a medication, or medical procedure, etc.)

What seems to make your pet feel better or improve the symptoms?

What are your pet's personality traits? (aggressive, fearful, playful, skittish etc.)

Where did you get your pet? (shelter, pet store, breeder, stray, friend, family etc.)

Was there something about your pet's specific personality that drew you to choose him or her over other pets?

Has your pet ever been exposed to any traumatic events or harsh conditions recently or in the past? If so, explain:

Does your pet feel comfortable with the people and/or other pets that are in his/her life? What behavior does your pet display around them? Any particular gender or personality type?

What behavioral changes have you noticed since your pet has been ill?

What is his/hers activity level?

Any problems with appetite?

Any reactions after vaccinations?

List any chronic physical symptoms? How long?

List any surgeries and approximate year?

List any current medications or supplements? For what condition? How long?

List any allergies to food or medications? What type of reaction?

Checklist of current and past symptoms: Mark with an “X for present symptoms, and/or a “P” for past symptoms, and include the approximate year if in the past.

- | | | |
|---|---|---|
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Sores in mouth | <input type="checkbox"/> Flea infestation |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Unhealthy gums | <input type="checkbox"/> Unhealthy fur |
| <input type="checkbox"/> Eye infections | <input type="checkbox"/> Unhealthy teeth | <input type="checkbox"/> Fungal infections |
| <input type="checkbox"/> Eye injuries | <input type="checkbox"/> Vomiting/Diarrhea | <input type="checkbox"/> Liver problems |
| <input type="checkbox"/> Head injuries | <input type="checkbox"/> Ear infection | <input type="checkbox"/> Kidney/Gallstones |
| <input type="checkbox"/> Spayed | <input type="checkbox"/> Sinus infection | <input type="checkbox"/> Hernias |
| <input type="checkbox"/> Neutered | <input type="checkbox"/> Allergies | <input type="checkbox"/> Hip/Joint issues |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Swollen lymph glands | <input type="checkbox"/> Muscle cramps |
| <input type="checkbox"/> Underweight | <input type="checkbox"/> Bladder/Kidney infection | <input type="checkbox"/> Impaired mobility |
| <input type="checkbox"/> Digestion issues | <input type="checkbox"/> Worms/Parasites | <input type="checkbox"/> Respiratory issues |

Disclaimer: It is important to have a veterinarian monitor your pet's health conditions especially if they are taking prescription medications. Homeopathics, Flower Essences and Cell Salts are NOT to be used in place of professional veterinary care.

This consultation WILL NOT include any medical advice. The purpose of this consultation is to help strengthen your pets overall constitution to enhance healing. These natural remedies do not interact with any medications or treatments because they do not work at the biochemical level but at the energetic level.

In order to maximize the benefit received from this work, client agrees to complete questionnaire, make *notes of both subtle and significant changes in mood, energy, sleep or any physical symptoms that you notice in your pet*, communicate to Jennifer any sudden changes your pet is experiencing (both positive and negative) and seek medical treatment and/or emergency medical services if any symptoms warrant it.

Consultation fee does not include remedies and shipping fees.

It is highly recommended that you allow a period of 3-4 months to evaluate the benefits of the recommendations given. Although many experience benefits from the 1st or 2nd remedy recommendations expecting quick results in every situation may become disappointing especially when symptoms have been experienced for a long period of time.

This agreement shall remain in effect until terminated by notice from either party to the other.

I understand and agree to the above statements and I do not hold Jennifer Brandolino RN, CIHom responsible for any damages arising from the use of the information on this site or the use of these natural remedies nor made responsible for any legal fees that might arise from such claims or losses.
(please type an “X” next to the check box above before proceeding with consultation)

Signature