



# Intake Form

Please note: This questionnaire will cover many areas of your animals health. You are not required to answer all of these questions, although they are meant to help the practitioner provide you with individualized treatment recommendations. All information shared will be kept strictly confidential.

Patient # \_\_\_\_\_ Date : \_\_\_\_\_

## Personal Information

Pets Name : \_\_\_\_\_ Birth date : \_\_\_\_\_

Owners Name : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_

Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_ Phone : \_\_\_\_\_

Cell Phone : \_\_\_\_\_ Email : \_\_\_\_\_

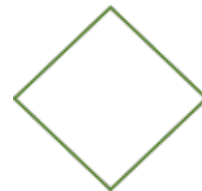
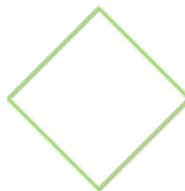
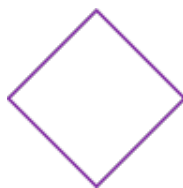
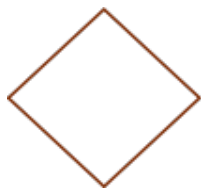
Current Weight : \_\_\_\_\_ Age : \_\_\_\_\_ How long have you had your pet : \_\_\_\_\_

Other Practitioners : Veterinarian Chiropractor Physiotherapist Naturopath

How did you hear about our office? \_\_\_\_\_

Please mark an "X" where you believe your pets health is and an "o" where you would like to be.

Reason for pet seeking care today



Very Challenges

Challenged

Transition

Good

Excellent

Vaccination history/dates:

Rabies 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

1yr/3yr: \_\_\_\_\_ Dhllpp: \_\_\_\_\_ Fvrcp: \_\_\_\_\_  
Leukemia: \_\_\_\_\_ Lyme: \_\_\_\_\_ Kennel cough: \_\_\_\_\_  
Other: \_\_\_\_\_ After effects of vaccines? \_\_\_\_\_

Medications : \_\_\_\_\_

Tolerance to drugs: \_\_\_\_\_

Diet: \_\_\_\_\_

Brand: \_\_\_\_\_ amount: \_\_\_\_\_

What does pet like/dislike to eat? \_\_\_\_\_

Water intake (amount, temp.): \_\_\_\_\_

Supplements or vitamins: \_\_\_\_\_

Familial history of disease: \_\_\_\_\_

What is the pet's health problem? \_\_\_\_\_

When did it begin? What happened in the pet's life around this time, and what do you think caused it? \_\_\_\_\_

What aggravates the problem (foods, weather, noise, heat/cold, etc.)? \_\_\_\_\_

When during the day is the problem worst? \_\_\_\_\_

Give a timeline of medical and emotional history (include surgeries, rounds of antibiotics or steroids). Please include medical history, including treatments, x-rays, lab tests, etc. \_\_\_\_\_

Any bowel changes (colour, frequency, consistency, behavior)? \_\_\_\_\_

Any past or present skin problems or skin lesions? \_\_\_\_\_

Mental observations : reactions to fuss, consolation, scolding, noise, surrounding activity, other dogs or cats:

extrovert or introvert \_\_\_\_\_  
likes to be alone or around people \_\_\_\_\_

Will/manner: dominant, submissive, aggressive, shy; noisy, quiet; excitable, docile;  
impulsive, steady; careful, clumsy; gentle, rough; obedient, disobedient, etc.

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

How does your animal react to new persons entering the house? \_\_\_\_\_

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

To you or a family member entering the house? \_\_\_\_\_

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

New situations with new people? \_\_\_\_\_

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

Does it show anger or hurt if you've been away for a long time? How?

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

Any recent personality changes? \_\_\_\_\_

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

Does your pet prefer to lie in the sun or the shade? \_\_\_\_\_

Where does your pet like to sleep? \_\_\_\_\_

In what position does it lie down? \_\_\_\_\_

List any Medical Conditions that other your veterinarian has Diagnosed in your pet

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Surgeries :

*Jennifer Pottruff: Holistic Animals*  
www.jenniferpottruff.com  
jenniferpottruffcemt@gmail.com  
(519) 304-4803

Year	Type of Surgery	Reason

Other Hospitalizations :

Year	Reason

Is there anything peculiar about your animals behavior or symptoms? \_\_\_\_\_

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Please circle any and all areas of concern :





PLEASE READ THE FOLLOWING AND SIGN BELOW

EMAIL :

Included in the initial consultation price, I understand that I am entitled to 2 emails. Beyond that, all questions will be considered part of the follow-up which will be scheduled and the appropriate follow-up fee (found below in the chart), will be due to answer additional questions and check progress.

CANCELLATIONS & NO SHOWS:

I understand that in the unlikely event of cancellation; Lilypath Holistic Animals requires full 24-hour cancellation from me. I understand that I am responsible for full payment of the appointment if the appointment is cancelled with less than 24 hours notice prior to my appointment or I do not show up for my appointment. I also understand that this fee is non-transferrable.

TARDINESS :

I understand that I am to arrive on time for my appointments. I also understand that my session time may be shortened if I am late for my appointment. I will not be discounted or refunded for the shorter amount of session time received.

ACKNOWLEDGEMENT OF FEES :

A reminder, fees are expected at the time of service. Payment can be made by debit, credit card or cash.

FEE SCHEDULE :

<b>Herbal Consult (All animals)</b>	<b>Time</b>	<b>Equine Massage/ Osteopathy</b>	<b>Time</b>	<b>Canine Massage/ Osteopathy</b>	<b>Time</b>
Initial Visit : \$110.00	90 mins	Initial Visit : \$145.00	120 mins	Initial Visit : \$110.00	90 mins
Follow-up : \$48.00	45 mins	Follow-up : \$95.00	90 mins	Follow-up : \$48.00	45 mins

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**INFORMED CONSENT TO OSTEOPATHY/MASSAGE/HERBAL SERVICES**

Natural medicine is the strengthening of the body by natural means.

Animal Massage Therapists/Animal Herbalists assess the whole person, including physical, mental, emotional and spiritual aspects of the individual. Animal Massage Therapists/Animal Herbalists used a variety of therapeutic approaches, either alone, or in combination. These include nutritional and lifestyle counselling, nutritional supplementation, manual osteopathy, botanical medicine, and homeopathy. This is to acknowledge that I have been informed and I understand that:

I \_\_\_\_\_ understand that Jennifer Pottruff DO(EU), CEMT, VND is **NOT** a Veterinarian and that she is not legally able to diagnose disease. As such, I acknowledge that it is my responsibility to seek medical diagnosis and advice for my animals pre-existing, present and future conditions. In consulting with Jennifer Pottruff DO(EU), CEMT, VND, I am exercising my right to choose a complementary method of health support through which to address my total well-being. I realize that outcomes vary for individuals and as with my medical treatment, effectiveness is not guaranteed. I realize that there are some risks, **however rare**, to Natural Medicine. These include but are not limited to: aggravation of pre-existing symptoms or allergic reaction to herbs or supplements. I agree to pay all fees present in the current rate schedule. Receipts are issued at the time of payment. I am here, on this and any subsequent visits, solely on my own behalf and not as an agent for any government, medial or professional agency on a mission of entrapment or investigation. I have fully read this waiver and I sign of my own free will.

I declare that I have received a full and complete explanation of the treatment or services that I may receive at Lilypath Holistic Animals by Jennifer Pottruff DO(EU), CEMT, VND and hereby authorize and consent to treatment by Jennifer Pottruff DO(EU), CEMT, VND. I intend this consent to apply to all my present and future natural health care.

Owner Signature : \_\_\_\_\_

Print Name : \_\_\_\_\_ Date : \_\_\_\_\_