



Naturally Unbridled
Wellness^{LLC}

Pet Intake Form

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***Please note that all pet consultations occur over the phone or via video conference**

Please provide any pictures and/or vet records if applicable.

Name(Owner): _____ Date ___/___/___

FULL Address: _____

Phone Number: _____ Email: _____

Name of Pet: _____ Age: _____ Neutered/Spayed/Intact: _____

How old was your pet when you got him/her? _____

If they came to you as an older animal, do you know the pet's history? _____

What is the main concern with your pet? _____

When did you notice allergies, if any? i.e. Itching, yeast, inflammation, licking paws, ear irritation? Please describe in detail: _____

Describe any changes in bowel and/or urinary habits(are stools well formed?): _____

What are you currently feeding your pet? _____

Number of meals per day: _____ How long on this food? _____

Describe your pet's personality: _____

Vaccine history (please attach any records): _____

Does your pet prefer warmth or cold? _____

Drinking Habits

Does he/she prefer warm or cold water? _____

Does he/she gulp or drink slowly? _____

How often do you find your pet is drinking during the day? _____

List any other concerns in regards to drinking habits: _____

Include any peculiar symptoms or changes that you have noticed below:

I understand that Brenda M. Tobin-Flood, D.Vert.Hom, Cert.C.N at Naturally Unbridled Wellness is not a licensed veterinarian; therefore she does not diagnose, treat, cure or prescribe for any disease or condition. I have stated any medical conditions that apply to my pet and I take it upon myself to keep the practitioners at Naturally Unbridled Wellness up to date on health changes.

signature

date