



Creature Comfort

Holistic Veterinary Center

2501 MacArthur Blvd Oakland, CA 94602
Telephone: (510) 530-1373

Thank you for giving us the opportunity to care for your pets. So that we may become better acquainted, please fill out the following information:

Dog Cat Other: _____ **Breed:** _____

Pet's Name: _____ **Coloring:** _____ **Birth date (approximate ok):** _____

Male Neutered Female Spayed

We would like to know if you have noticed any changes in your pet's behavior.

Is your pet...	Yes	No	Is your pet...	Yes	No
Just not him/herself	<input type="checkbox"/>	<input type="checkbox"/>	Losing house training habits	<input type="checkbox"/>	<input type="checkbox"/>
Interacting less often with family	<input type="checkbox"/>	<input type="checkbox"/>	Changing sleeping patterns	<input type="checkbox"/>	<input type="checkbox"/>
Responding less enthusiastically	<input type="checkbox"/>	<input type="checkbox"/>	Experiencing changes in coat, skin, or new lumps or bumps	<input type="checkbox"/>	<input type="checkbox"/>
Changing in behavior/activity level	<input type="checkbox"/>	<input type="checkbox"/>	Confused or disoriented	<input type="checkbox"/>	<input type="checkbox"/>
Having difficulty jumping	<input type="checkbox"/>	<input type="checkbox"/>	Scratching more often	<input type="checkbox"/>	<input type="checkbox"/>
Exhibiting increased stiffness or limping	<input type="checkbox"/>	<input type="checkbox"/>	Exhibiting bad breath/red or swollen gums	<input type="checkbox"/>	<input type="checkbox"/>
Drinking more often	<input type="checkbox"/>	<input type="checkbox"/>	Showing tremors or shaking	<input type="checkbox"/>	<input type="checkbox"/>
Urinating more often	<input type="checkbox"/>	<input type="checkbox"/>	Diet:		
Changing eating patterns	<input type="checkbox"/>	<input type="checkbox"/>			
Noticeably gaining or losing weight	<input type="checkbox"/>	<input type="checkbox"/>			
Coughing or having difficulty breathing or rapid breathing	<input type="checkbox"/>	<input type="checkbox"/>	Supplements & Medications:		
Having difficulty hearing or seeing	<input type="checkbox"/>	<input type="checkbox"/>			

Please tell us the reason for your visit today: