

Filling out a PDF Form:

Print a blank form out and complete it by hand.  
Or, use Adobe Reader's form features.

To use Adobe Reader's form features:

1. In the upper right hand corner of Adobe Reader, there is a button labeled "Highlight Fields". To see a highlighted view of where the fields are in your form, click this button.
2. Click your mouse pointer in the first box.
3. Type your information
4. Use the "Tab" key on your keyboard to move from box to box.
5. Using the "Enter" key on your keyboard within a field so that you can enter information on multiple lines.
6. When the form is complete print it by clicking the Print button on your menu bar.



**Veterinary Holistic Care**

4820 Moorland Lane  
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Phone: 301/656-2882 Fax: 301/656-5033

**PATIENT INTAKE FORM**

Date: / /

**OWNER:**

Address:

Telephone: H: W: C:

Email:

**PATIENT:**

|         |          |          |          |
|---------|----------|----------|----------|
| Name:   | Species: | Canine   | Feline   |
| Breed:  | Sex:     | Male     | Female   |
| D.O.B.: |          | Neutered | Spayed   |
|         | Lives:   | Indoors  | Outdoors |

**DIET and SUPPLEMENTS:**

|                         |           |          |  |
|-------------------------|-----------|----------|--|
| <b>NORMAL BEHAVIOR:</b> | Alert     | Shy      | Social (toward family, strangers, animals) |
|                         | Anxious   | Jealous  |  |
|                         | Depressed | Dominant | Other                                      |

**GENERAL SENSITIVITIES** (likes heat, cold, outdoors; influence of weather, seasons, etc.)

**DESCRIBE YOUR ANIMAL WITH THREE WORDS:**

**CURRENT MEDICATIONS:**



**CURRENT DISEASES/CHIEF COMPLAINTS:**

**ETIOLOGY:** When, following what?

**MODALITIES:** Better (>) or worse (<) from heat, cold, humidity, exercise, rest, pressure, being alone, comforted, outside...

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<:



**CONTEMPORARY SYMPTOMS & MODALITIES:**

(Symptoms that appeared with the disease but aren't directly related to it):

**DIGESTIVE SYSTEM:**

(thirst, appetite, stools...)

**RESPIRATORY SYSTEM:**

**CARDIOVASCULAR SYSTEM:**

(cough after exercise, edema ...)

**URINARY SYSTEM:**

**REPRODUCTIVE SYSTEM:**

**SKIN, COAT:** (dry or greasy, dandruff, pruritus, flea allergy, warts...)

**MUSCULOSKELETAL SYSTEM:** (stiffness, tremors, difficulty going up and down stairs...)

**BEHAVIORAL CHANGES:**



**PREVIOUS HISTORY:**

**FAMILIAL:** (Hip dysplasia, cancer, allergies, diabetes....)

**PERSONAL:**                      **VACCINES:**

Date:

Date:

Date:

**IDIOSYNCRASIES:** (allergic reactions)



**PREVIOUS DISEASE & MODALITIES:**

**DIGESTIVE SYSTEM:** (appetite, thirst, vomiting, stools, worms...)

**RESPIRATORY SYSTEM:**

**CARDIOVASCULAR SYSTEM:** (cough after exercise, edema...)

**URINARY SYSTEM:**

**REPRODUCTIVE SYSTEM:**

**SKIN, COAT:** (dry or greasy, dandruff, pruritus, flea allergy, warts...)

**MUSCULOSKELETAL SYSTEM:** stiffness, tremors, difficulty going up and down stairs...)