**Steady Companion New Patient Intake Form**

**Instructions & Guidelines:**

* Complete the following Steady Companion New Patient Intake Form to the best of your ability.
* Email the completed form to [cheri@steadycompanion.com](mailto:cheri@steadycompanion.com) no later than 24 hours prior to your animal’s scheduled appointment.
  + This allows sufficient time for us to review the form, and identify any follow-up questions in advance of your scheduled appointment.
* We request your transparency in terms of any known medical conditions, behavior issues, etc.
  + We work with intact animals, as well as animals with behavior challenges, bite histories, and fear of Veterinary situations.
  + This will allow us to create a plan to work most effectively, and successfully, with you and your animal.
* All questions pertaining to a recent illness, injury or surgery are to confirm your animal is no longer experiencing any contraindications, has the appropriate Veterinary release, and able to receive body or energy work services.
* If your animal has been diagnosed with a chronic condition, we may require a release from your primary or Specialist Veterinarian prior to working with your animal.

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| **Client Data / Intake Information** | | | | | | | | | |
| **Date:** | | | | **Owner’s Name:** | | | | | |
| **Owner’s Address:** | | | | **City:** | | | **State:** | | **Zip:** |
| **Client’s Name:** | | | | **Phone:** | | | **Email:** | | |
| **Breed:** | | **Color:** | | **Male:  Female:** | | | **Age:** | | **Weight:** |
| **Years with Owner:** | | | **Previous Home(s):** | | | | | **Referred By:** | |
| **Reproductive Status:** | | **Intact** | | | **Spayed** | | | **Neutered** | |
| **Treatment Goals & Objectives**  ***What Goals & Objectives Would the Owner Like to Achieve? Summarize primary complaints or issues:*** | | | | | | | | | |
| **List Owner’s Goals & Objectives**: [Summarize primary objectives and goals for the session(s).] | | | | | | | | | |
| **Veterinary Contact Information** | | | | | | | | | |
| **Veterinarian’s Name:** | | | | | | **Clinic Name:** | | | |
| **Phone:** | **City:** | | | **State:** | | **Email:** | | | |
| **General/Overall Lifestyle**  ***List information about general health, lifestyle (including activity level), diet/nutrition/supplements:*** | | | | | | | | | |
| **Exercise/Activity Level:** [List types and frequency of exercise. Include walks, event participation, dog park visits, etc.] | | | | | | | | | |
| **Diet /Appetite:** [List type, amount, and frequency of meals including any eating habits. Include any treats if applicable.] | | | | | | | | | |
| **Supplements:** [List all supplements, including dosage and frequency.] | | | | | | | | | |
| **Environmental Influences/Lifestyle:** [List overall lifestyle including relationship with humans and other animals. Have there been any recent changes to their home life?] | | | | | | | | | |
| **Emotional History:** [Summarize animal’s general emotional state. List any behavioral changes, recent or past trauma,  history of abuse or biting?] | | | | | | | | | |
| **Health History & Current or Past Issues**  ***Include any regular medications, current or past treatment, illnesses, injuries, surgeries, etc.:*** | | | | | | | | | |
| **Up to Date on Shots or Have Current Titer Results?** | | | | | | | | | |
| **Medications:** [List all medications, condition(s) being treated, dosage and frequency.] | | | | | | | | | |
| **Joint/Orthopedic Problems:** [List known orthopedic or joint issues.] | | | | | | | | | |
| **Current/Previous Treatments or Modalities:** [List treatments your animal has received to date including frequency. Have they had any bad experiences with body / energy work or Veterinary care?] | | | | | | | | | |
| **Current/Past Allergies:** [List any past, current or chronic allergies your animal has/is experiencing. Where they formally diagnosed by a Veterinarian?] | | | | | | | | | |
| **Current/Past Illnesses:** [List any past, current or chronic illnesses your animal has/is experiencing. Where they formally diagnosed by a Veterinarian?] | | | | | | | | | |
| **Current/Past Injuries:** [List any past, current or chronic injuries your animal has/is experiencing. Where they formally diagnosed by a Veterinarian?] | | | | | | | | | |
| **Recent /Past X-Rays:** [List any X-rays your pet has had to date and why. Include OFA clearances if applicable.] | | | | | | | | | |
| **Recent/Past Surgery:** [List any recent or past surgeries, the date and issue treated. Include spay or neuter date (if known/applicable). If recent, do you have a release from your Vet approving body or energy work treatments?] | | | | | | | | | |
| **Additional Information/Comments:**  [List any diagnosed structural or genetic issues for the animal’s breed, e.g., TVD or other heart issues, or any past issues with Heartworm, Parvo or Distemper?] | | | | | | | | | |