

INTEGRATIVE VETERINARY MEDICINE
Dr. Carol Vavra

PET HISTORY for _____

Please describe your pet's current symptoms: _____

Please list all past illnesses and when they occurred in your pet's life:

What food does your pet eat - include treats! _____

What is your pet's vaccination history? Any problems after vaccines are given? _____

Do you notice anything that makes your pet feel better or worse?

Consider warm/cool days, dry/damp days, certain foods, outdoors/indoors, or ANYTHING else you can think of. _____

Please list all medications your pet is on and doses : _____

How do you want me to help your pet? _____
