



## Health History Form

Date: \_\_\_\_\_  
Name of Human Guardian: \_\_\_\_\_  
Home & Mailing Address (if different): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Main Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age/Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_  
Color/Markings: \_\_\_\_\_  
Approximate Weight: \_\_\_\_\_

### Veterinary Contact Information:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Have there been any recent changes in:

Weight: \_\_\_\_\_ Mood: \_\_\_\_\_  
Thirst: \_\_\_\_\_ Appetite: \_\_\_\_\_  
Urination: \_\_\_\_\_ Defecation: \_\_\_\_\_  
Coat: \_\_\_\_\_ Joints: \_\_\_\_\_  
Environment (housing, stress, other pets, new baby, etc.): \_\_\_\_\_

### General Protocol:

Diet: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Supplements: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Surgeries: \_\_\_\_\_  
Exercise: \_\_\_\_\_



## Health History Form

Is your pet aggressive toward: (circle all true)

Dogs | Cats | Animals | Men | Women | Kids

Are there other pets in the house? \_\_\_\_\_

Do all your pets get along or are have conflicts? \_\_\_\_\_

Is anyone in the house having similar symptoms or significant illness? \_\_\_\_\_

Have there been any changes in the household recently? \_\_\_\_\_

**Please Initial each paragraph once you have READ, UNDERSTOOD AND AGREED to the terms:**

I understand that Ranna Lynn of Hippie Houndz is not a licensed veterinarian, but focuses her sessions on holistic/ naturopathic therapies including but not limited to: flower essences, essential oils, aromatherapy, and massage. (Circle all modalities listed that you are open to or would like to learn more about)

\_\_\_\_\_ Initial

I understand that the treatment/therapy given is not to be considered as veterinary medical treatment, and the comments, suggestions or recommendations preferred in the course of this therapy are not to be construed as veterinary medical advice.

\_\_\_\_\_ Initial

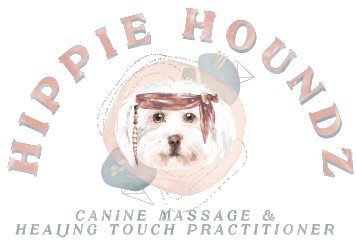
**I understand that my own participation is essential in helping my pet.** This includes but is not limited to providing appropriate social, psychological, hygienic, physical, emotional, spiritual, mental and routine medical care for my pet, as well as myself. I understand and am open to learning more about how my own energy affects that of my pet.

\_\_\_\_\_ Initial

I understand that Ranna Lynn of Hippie Houndz always does her utmost best to improve her patients and there is never a guarantee as to the outcome; as is true with all medicine and all aspects of life. Ranna Lynn of Hippie Houndz recommends a wellness exam and lab diagnostics at least once a year by your primary veterinarian.

\_\_\_\_\_ Initial

**In signing this document, I have read and fully understand the previous statements and give consent to Ranna Lynn of Hippie Houndz to advise and massage my animal. I understand that I am waiving any and all claims I may have against Ranna Lynn of Hippie Houndz.**



## **Health History Form**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Statement of Disclosure: I am not a veterinarian; I do not diagnose medical issues, prescribe drugs or perform surgery. My role is that of a facilitator, assisting your animal to attain and maintain a naturally healthy state.

Ranna Lynn, Hippie Houndz

469-438-6177

hello@hippiehoundz.com