



Health History Consultation Form

Name: _____

Email Address: _____

Phone Number: _____

Dog/Cat Name: _____

Breed of Dog/Cat: _____

Age of Dog/Cat _____

Weight of Dog/Cat: _____

(If dog/cat is a mixed breed, please describe cat/dog, including its weight and height)

Gender (Male or Female?) _____ Spayed, Neutered Or Intact? _____

Was there any noticeable physical or emotional change in your pet after being spayed or neutered? If yes, explain _____

Has your pet ever been pregnant? Y or N If so when _____

How many litters _____

Where did you obtain your pet? (ie, breeder, shelter, rescue, etc.) _____

What age was your pet when they came to live with you and how long have you had him or her? _____

If from a breeder, do you have health certificate copies of your pet's parents?

Date Of Last Vaccinations? _____ Vaccinated for: _____

How often is your pet vaccinated and which vaccines do they receive?

Is your pet microchipped? Y or N If yes, when _____

General health condition (skin, hair/coat condition, eyes - clear of any discharge or is there a discharge from time to time or every morning? normal stools or loose? lethargic or energetic? etc.)

Has the animal been diagnosed by a veterinarian with any illness or health problems? Also include any past or recent surgeries. Please list all diagnoses and how long problems have been on going as well as any symptoms still persisting:

Is She/He Currently On Any Medications (include any recent courses of steroids or antibiotics)? If on prescription medications, what were they prescribed for and how long has he/she been on them? Have there been changes observed since being on the medications? If so, please list:

Is your pet on any parasite preventions (Heartguard, Frontline, Ivermectin, Advantage, Mycodex, etc)? Which ones and for how long?

Does your pet exhibit any of the following physical conditions?
(please explain any yes answer)

Y – N Allergies Y – N Ear Problems / Infection-Mites
Y – N Arthritis/Joint Stiffness Y – N Eye Infections/Drainage-irritation
Y – N Autoimmune Disorders Y – N Heart Problems
Y – N Cancer / Tumors Y – N Reproductive Problems
Y – N Cataracts / Vision Problems Y – N Seizures
Y – N Deafness / Hearing Impaired Y – N Skin / Coat Problems
Y – N Digestive Difficulties Y – N Skeletal Abnormalities(hip dysplasia, etc)
Other/explain:

Does your pet exhibit any of the following temperament problems? (Please explain any Yes answer)

Y – N Aggressive behavior Y – N Dominance Issues
Y – N Barking (excessive) Y – N Doesn't get along with others
Y – N Biting Y – N Pacing
Y – N Chewing / licking on objects Y – N Scratching
Y – N Chewing / licking on self Y – N Separation Anxiety
Y – N Compulsive Behavior (explain below)
Other/explain:_____

Describe the animal's current Life Style. Example would be: how much exercise, how long out of doors (if at all), home alone during the day, where the pet sleeps, interactions with other pets people, favorite toy, favorite pastime, etc. Be as detailed as possible.

Current Diet – please include as much information as possible such as brand name of food, the amount of food the dog/cat gets at each feeding and how many feedings a day, how long has the dog/cat been on this particular food and what was the dog/cat eating before the current diet?

How many times have you switched dog/cat food and what brands?

List names of all supplements, vitamins and any other foods, table scraps or treats you are giving the dog/cat. (List everything please). How many treats (estimate) does the dog/cat get in a day?

What brand of laundry soap, floor and/or counter cleaners do you use?

Do you use air fresheners or burn scented candles? Yes_____ No _____
If yes, which ones and how often?

What cleaning products do you use in your home? For floors, furniture, air fresheners, etc?

What products do you use in your yard? Are pesticides used on the lawn? Chemical fertilizers?

How did you find my service? _____

What are your top three main concerns for your dog above?

- 1.
- 2.
- 3.

Disclosure Statement

The purpose and general goal of the veterinary naturopathic consultation offered by Erin O'Connor is to educate the client about their animals body systems in relation to function and ability pertaining to maintenance of overall homeostasis (balance) through the removal of various, and typically specific, obstacles to their health, this thereby encouraging their body's own natural healing processes.

Erin O'Connor does not function as a traditional allopathic veterinarian by diagnosing disease, treating disease, or performing invasive procedures, nor do her services replace that of a traditional licensed allopathic veterinarian.

The information offered by Erin O'Connor is intended to provide general guidance. Nothing on the web site or during a regular consultation constitutes traditional allopathic veterinary advice.

Always consult with a licensed veterinarian before undertaking any course of "treatment" for your animal or changing treatments or medications your own veterinarian has already prescribed. This consultation will hopefully suggest additional options to think about, and other areas to explore, based on your dog's condition.

I, as a mature adult, have read the disclosure statement and understand its content and the limits of these services. I voluntarily seek these consulting services for my animal and assume full responsibility for this decision. By completing and submitting this form, this constitutes my legal signature and acceptance of the services offered by Erin O'Connor, which will stand for the initial consultation date, stated in this disclosure form and for all subsequent consultations occurring after this date.

On consultations, whether by email or phone, once you've received your consult, there are no refunds.

Refunds are available only if you cancel prior to your appointment 24 hours in advance (if by phone) or prior to the agreed upon deadline delivery date of your email consult. Once you have received your consultation, similar to software sales, no refunds are available at that time.

I have read and agree with the Disclosure Statement:

Signature: _____

Date: _____



**Carnivore Nutrition
AUTHORIZATION FORM**

I, _____, in affixing my signature to this instrument do thereby agree to and understand the following:

1. That Erin O'Connor is a naturopathic carnivore nutrition consultant who is legally able to instruct and educate others in self-help methods of animal health such as the use of proper exercise, diet, nutritional supplements, water, sunshine, fresh air, rest and attitude;
2. That Erin O'Connor, in no context of the phrase "practices medicine" and therefore does not diagnose, prescribe, treat, administer, cure, heal or otherwise perform a duty that is reserved for those who are licensed to do so;
3. That the instruction concerning a healthful lifestyle for your pet is incidental to any particular illnesses and diseases he/she may have and is therefore not made in direct references to these;
4. Any healing of illnesses or diseases your pet may experience as a result of following the instruction of Erin O'Connor, was purely the result of the body itself once a naturally correct way of living was employed, for it is only the body that heals itself, not any person;
5. That no claims or guarantees have been made as to any health benefits that may result from my following the instruction given by Erin O'Connor, concerning a naturally correct way of living for your pet;
6. That the instruction given by Erin O'Connor, in no way replaces proper veterinary medical care, and that I am free to choose a naturally right lifestyle for my pet;
7. That under penalty of perjury I am not an agent of any branch of the federal, state or local government for any agency thereof, with intent to entrap or entice Erin O'Connor, her staff, employees and/or associates into breaking any federal, state, or local law whatsoever, acting either on my own behalf or on behalf of the agency of the government or on behalf of any government agency directly;

Name _____

Signed _____

Date _____