

# CANINE HEALTH

## CONSULTATION FORM



**\$75.00**



[www.horsehealthtv.net](http://www.horsehealthtv.net)

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### REQUEST FOR EVALUATION CONSULTATION

Please complete this form, supplying the requested additional information, then return in pre-paid envelope. The doctors will review the information and return a 1 page summary of medical and nutritional recommendations for your dog within 7 – 10 days. More detailed reports (usually 5 to 10 pages per dog) are available for an additional \$125.00. It usually will take 2 – 3 weeks and the report will be mailed to you. Emergency response (within 2 – 3 days) is available for \$500.00. After receiving your detailed report, telephone consultations are available at the rate of \$175.00/hr. by contacting us for an appointment. A valid credit card must be on file.

With this completed form, please supply the following:

- ☐ A concise description of your main concerns for this dog (i.e. he has a persistent dry cough, his hair coat is oily and he gains weight easily, she became more aggressive, etc.)
- ☐ In chronological, historical order, all veterinary records, especially those that reflect medical procedures, test results and reports, prescribed drugs and/or treatment that this dog has undergone or is currently undergoing.
- ☐ On a DVD
  - ☐ Radiographs (x-rays) if available. (Past and present if relevant)
  - ☐ Other available medical imaging reports (ultrasound, MRI, etc.) (Past and present if relevant)
  - ☐ Photographs of the dog, a minimum of four pictures: both sides and straight from front and rear. The dog should be standing on flat, level ground or cement, no grass. (Taken within past 10 days.)
  - ☐ Recent video, if possible, of dog walking toward camera and away (make sure person leading does not block view of dog's movement).
- ☐ Any other relevant documentation, notes, photos or records which are itemized in each section and/or might be helpful information when assessing this dog.
- ☐ Record of five (5) days of early AM temperatures. Take before any feeding or activity.

## General Information

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

Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_

Email: \_\_\_\_\_ Preferred contact: ☐ Home ☐ Cell ☐ Email

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed / Bloodlines: \_\_\_\_\_

Gender: ☐ M ☐ F ☐ Spayed ☐ Nuetered

Color: \_\_\_\_\_

Distinctive markings: \_\_\_\_\_

\_\_\_\_\_

Workload and activities: \_\_\_\_\_

\_\_\_\_\_

How long has this dog been in your care? \_\_\_\_\_

Other information available from prior ownership (Please provide any available medical records, radiographs or other diagnostic results that are available.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were there any complications:

From whelping: ☐ Bitch ☐ Pup

Describe: \_\_\_\_\_

\_\_\_\_\_

From spay or neutering

Describe: \_\_\_\_\_

\_\_\_\_\_

Description of problems you are observing with this dog. Include when they first appeared.

Behavioral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Toenails: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teeth: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Skin and Haircoat: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dog's current condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Care: Please describe all therapies, current and past. Include more pages if needed.

Steroids

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

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Anti-Inflammatories

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

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Hormones

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

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Ulcer Medications

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

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Antibiotics

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

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Behavioral Modifiers

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

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Herbal Supplements

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

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Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

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## Homeopathic Remedies

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

## Other Oral or Injectable Medications

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

## Other Complimentary Therapies

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

Kind: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length of treatment: \_\_\_\_\_ Reason: \_\_\_\_\_

## This dog receives

☐ Chiropractic care Frequency: \_\_\_\_\_

☐ Massage therapy Frequency: \_\_\_\_\_

☐ Acupuncture Frequency: \_\_\_\_\_

☐ Cranial/Sacral therapy Frequency: \_\_\_\_\_

☐ SOT Frequency: \_\_\_\_\_

☐ Other

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Deworming Program: (Please describe frequency and chemicals used)

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Any problems you have observed from this deworming program or parasite-related problems with this dog:

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Vaccination Program: (Please describe frequency, vaccinations administered or titers)

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Has this dog ever had an ailment or allergic reaction, swelling, seizures, cough, fever, change in hair coat, skin, or bowel movements within 2 weeks following his regular vaccinations?

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Housing:

☐ In House ☐ Outside  
☐ Free Range ☐ In Kennel  
Kennel set up: ☐ On concrete ☐ On dirt ☐ In building ☐ In house  
Smoker in the house ☐ Yes ☐ No  
How many other dogs in the house? \_\_\_\_\_  
Do others show same symptoms? ☐ Yes ☐ No

House member changes: any new members or change in status of current one. (ie, toddler beginning to walk, person injured and physical abilities changed, hours at home changed, onset of illness in owner, change in menstruation of females, etc.) \_\_\_\_\_

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Environmental changes within 60 days prior to onset of symptoms.

Indoor: (ie., carpeting, furniture, housecleaning products and detergents, hair spray, deodorants, other chemicals used, painting or other remodeling done.) \_\_\_\_\_

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Outdoor: (ie., Pesticide or fertilizer used, paint or stain, new fence or other major landscaping.) \_\_\_\_\_

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New neighbors or new pets in the neighborhood \_\_\_\_\_

Other information about where and how this dog lives: \_\_\_\_\_

**Dental Care:**

Date of last dental check-up: \_\_\_\_\_

Normal eruption of adult teeth? ☐ Yes ☐ No

General frequency of dental care: \_\_\_\_\_time(s) per year.

Any tooth irregularities? \_\_\_\_\_

Incisor alignment: ☐ Normal ☐ Overbite ☐ Underbite

Chipped or broken teeth? List where and when observed. \_\_\_\_\_

Lost teeth? List where and when observed. \_\_\_\_\_

**Feed:**

☐ Kibble: \_\_\_\_\_

☐ Semi Moist: \_\_\_\_\_

☐ Canned: \_\_\_\_\_

☐ Home prepared ☐ Cooked ☐ Raw

Describe: \_\_\_\_\_

How much/ how often per day? \_\_\_\_\_

**Water:**

☐ Well ☐ Municipal supply ☐ Pond, lake, other water body

☐ Access to run-off areas (ditches, etc.) ☐ Other: \_\_\_\_\_

Is water filtered? ☐ Yes ☐ No

If yes: ☐ Carbon filter ☐ Sediment ☐ Sediment & Carbon filter

Has water been tested? ☐ Yes ☐ No

If yes, please attach copy of test results

Any known contamination of water supply? (Run-off from dump sites, industry, landfills, golf courses, underground contamination, cemetery, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Symptoms or conditions. Please check all that apply:**

- ☐ Abnormal greying of hair
- ☐ Abnormal hair growth
- ☐ Addison's
- ☐ Aggression toward other dogs / people / animals
- ☐ Allergies
- ☐ Arthritis
- ☐ Autoimmune disease
- ☐ Bleeding on exercise. Where: \_\_\_\_\_
- ☐ Bloated appearance
- ☐ Blue eyes
- ☐ Broken Bones, list where and when \_\_\_\_\_
- ☐ Cage aggression
- ☐ Choking on leash
- ☐ Chronic anemia
- ☐ Chronic infections
- ☐ Couch Potato
- ☐ Coughs when drinking
- ☐ Coughs when eating
- ☐ Coughs when excited
- ☐ Craving for and consumption of abnormal feedstuff (wood, soil, manure, etc.)
- ☐ Cushings
- ☐ Dandruff
- ☐ Depigmentation on body skin or nose
- ☐ Depressed state
- ☐ Diabetic
- ☐ Diarrhea/watery stools
- ☐ Difficulty in whelping
- ☐ Digestive problems
- ☐ Dull look in eyes
- ☐ Easy keeper
- ☐ Edema
- ☐ Emphysema
- ☐ Epiphysitis
- ☐ Excessive gas
- ☐ Excessive panting
- ☐ Excessive thirst
- ☐ Extreme sensitivity to stimuli
- ☐ Eye inflammation
- ☐ Eye problems, watery eyes
- ☐ Fatigue
- ☐ Fetal death
- ☐ Flabby muscles
- ☐ Fly biting
- ☐ Fragile bones
- ☐ Grinding teeth
- ☐ Hair coat/skin problems
- ☐ Hard keeper
- ☐ Head shaking
- ☐ Hind limb paralysis
- ☐ Hives

**Symptoms or conditions. Please check all that apply:**

- ☐ Impaired bone growth
- ☐ Inflammation
- ☐ Insulin Resistance
- ☐ Irregular heart beat
- ☐ Jaundiced eyelids, eyeballs
- ☐ Joint problems including stiffness and swelling
- ☐ Joints swollen/enlarged
- ☐ Kennel vices
- ☐ Lack of maternal instinct in bitches
- ☐ Lameness
- ☐ Leaky gut
- ☐ Loss of appetite
- ☐ Low resistance to infection
- ☐ Lumps on body. Describe \_\_\_\_\_
- ☐ Luxating patella
- ☐ Lyme's Disease, tick borne diseases
- ☐ Mastitis
- ☐ Muscle soreness
- ☐ Nervous, irritable, wild
- ☐ Neurological
- ☐ Non-healing wound
- ☐ Odd behavior
- ☐ Overall slow growth
- ☐ Overheating, heat stroke
- ☐ Panosteitis
- ☐ Reproductive problems (depressed estrus cycle, low fertility)
- ☐ Resistance to cues
- ☐ Resistance to flexing
- ☐ Resistance to stretching
- ☐ Seizures
- ☐ Sensitivity to light
- ☐ Sensitivity to noise
- ☐ Sensitivity to touch, painful
- ☐ Severe flea allergies
- ☐ Sore back & other points
- ☐ Snores
- ☐ Stiff after exercise
- ☐ Stitches/laceration repair
- ☐ Sunburns easily
- ☐ Tail biting
- ☐ Thin, not gaining weight
- ☐ Thyroid (low basal temperatures or low metabolism)
- ☐ Ticklish feet
- ☐ Toe-dragging, scuffed nails
- ☐ Ulcers
- ☐ Urinary tract infections
- ☐ Uterine infection / Pyometra
- ☐ Ventral midline dermatitis
- ☐ Warty growths
- ☐ Weight loss

Seasonal temperature ranges for the geographic area where dog lives: \_\_\_\_\_  
Record of your dog temperatures, taken for five consecutive days in the early morning, before feeding or exercise / activity:

Temps: \_\_\_\_\_

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

Please list the names and contact information of the following canine professionals that work with your dog:

Veterinarian: \_\_\_\_\_ phone: \_\_\_\_\_

Acupuncturist: \_\_\_\_\_ phone: \_\_\_\_\_

Chiropractor: \_\_\_\_\_ phone: \_\_\_\_\_

Groomer: \_\_\_\_\_ phone: \_\_\_\_\_

Massage Therapist: \_\_\_\_\_ phone: \_\_\_\_\_

To help us provide you with accurate cost comparison information, please summarize the average annual amount that you are now spending to maintain your compromised dog, factoring in all expenses, including metabolic supplements, skin and hair supplements and care, joint supplements, ulcer and other medications, vitamins and minerals, feed costs, veterinary care and testing, physical and alternative/complementary therapy charges, and all other financial outlays applicable to this animal's care and maintenance.

Total annual cost: \$ \_\_\_\_\_

Any other information that should be considered in this dog's assessment or that you would like the doctors to know about.

\_\_\_\_\_  
\_\_\_\_\_