



PET ASSESSMENT FORM

Your Name: _____ Date: _____

PET'S INFORMATION

Name: _____ Birth Date: _____ Weight: _____

Breed: _____

Please explain your pet's current condition and vet's diagnosis:

What is your objective for this appointment?

List any supplements and medication your pet is currently taking (with dosage):

_____	Dosage: _____
_____	Dosage: _____
_____	Dosage: _____
_____	Dosage: _____
_____	Dosage: _____

BEFORE *each* appointment these **MUST be received at Chesapeake Holistic – or your appointment will be rescheduled:**

- Complete this form AND email to info@chesapeakeholistic.com or fax to 410-757-6742.
- Drop off or priority-mail your PET HAIR SAMPLE to Chesapeake Holistic.
- Drop off or priority-mail OTC supplements/medications (with labels and dosage) to our office for evaluation.

COLLECT PET HAIR SAMPLE:

1. Brush or comb pet to collect hair.
2. Place in a Ziploc-type baggie, and write your pet's name *and* your last name on the front.
3. If mailing food or supplements, place in a thermal container/pouch with an ice pack.
4. Mail OR drop off to Chesapeake Holistic BEFORE your appointment. (When mailing, we recommend using priority mail, to ensure your sample arrives in time for us to perform an evaluation.)

NOTES ABOUT SUPPLEMENTS & PET FOODS:

To have outside supplements or foods evaluated, SEND SAMPLES BEFORE YOUR APPOINTMENT.

1. Please put each supplement or medication in a separate, labeled baggie.
2. Mail/drop off supplement/food sample, w/dosage info, and complete *brand* and *supplement/food name*.
3. Indicate if supplement or food requires refrigeration. This is very important.