# Animal Aromatherapy Health History Evaluation Intake Form

**Date:** Click or tap to enter a date.

**Caregivers Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Animal’s Name:** Click or tap here to enter text.

|  |  |
| --- | --- |
| **Age:** Click or tap here to enter text. | **Sex:** Choose an item.  |
| **Neutered/Spayed:** [ ]  | **Gelded/Stud:** [ ]  |
| **Species:** Click or tap here to enter text.  | **Breed:** Click or tap here to enter text. |

**Reason for Seeking Aromatherapy Consultation:**

Click or tap here to enter text.

**Current Health Status:**

**Current Issues (Date started/known cause/acute/chronic. Use scale 1-10 for rating each issue)**

Click or tap here to enter text.

**Past Health Issues:**

Click or tap here to enter text.

**Vaccination History and Reactions:**

Click or tap here to enter text.

**Known Allergies or Medical Condition/s:**

Click or tap here to enter text.

**Diet: (include foods, supplements, herbs, homeopathy, medications and any changes in feed, times fed and behavior surrounding feed time/location etc.)**

Click or tap here to enter text.

**Digestion/Appetite (increase/decrease):**

Click or tap here to enter text.

**Skin and Coat: (include quality, texture, loss of hair, dry or oily skin, hot spots, wounds etc.)**

Click or tap here to enter text.

**Respiratory: (include allergies, breathing issues, infections, exposure to pathogens etc.)**

Click or tap here to enter text.

**Cardiovascular:**

Click or tap here to enter text.

**Muscle/Ligament/Tendon: (include texture, injuries, recovery turnaround, spasms/acute/chronic)**

Click or tap here to enter text.

**Bone/Joints/Disc/Spinal: (include injuries, degeneration, arthritis acute/chronic)**

Click or tap here to enter text.

**Sleep issues: (include imbalances, snoring, disruptive, wake time etc.)**

Click or tap here to enter text.

**Senses: Sight/Eyes, Sound/Ears, Taste/Tongue, Smell/Nose, Feel/Emotional Barometer, Speak/Vocal and Non-Vocal Expressions**

Click or tap here to enter text.

**Emotional: (balanced/imbalanced, past traumas/abuse issues, personality type/changes in)**

Click or tap here to enter text.

**List any surgery or medical procedures, serious health issues/concerns or if the animal is pregnant. Also list any holistic therapies currently used and applied in the past i.e.: acupuncture, massage therapy, chiropractic, Reiki etc. (use back of form to include more details).**

Click or tap here to enter text.

**Are you currently using essential oils or botanicals, and if so, please list which and for what?**

Click or tap here to enter text.

**Additional Notes:**

Click or tap here to enter text.

***By signing below, you acknowledge that you have read the disclaimer and give consent for your animal to receive aromatherapy.***

**Caregivers Consent Signature:**

*(please type your name)*

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| --- | --- |
| Click or tap here to enter text.  | **Date:** Click or tap to enter a date. |

Disclaimer Acknowledgment: The information shared during the consultation evaluation is for personal education awareness only, it is not meant to diagnose or treat any serious health problems/conditions. I will agree to keep the practitioner updated on any new health issues and do not hold the practitioner responsible or liable for any health conditions/concerns that were not disclosed. I will use aromatherapy and essential oils in a safe manner, for topical and inhalation use only. I am aware that all aromatherapy and products should be kept out of reach of children and animals.