

# Creature Comfort Mobile Laser and Healing Support

## Homeopathic Intake Form

Please provide as much detail as possible.

Laurin Cooke, DVM

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### CLIENT INFORMATION:

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ANIMAL INFORMATION:

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

F/M/Spayed/Neutered?

Time spent indoors \_\_\_\_\_ outdoors \_\_\_\_\_

Diet: \_\_\_\_\_

Supplements: \_\_\_\_\_

Vaccination History if known: Rabies: \_\_\_\_\_ (1 or 3 year)

Dogs: DHPPV \_\_\_\_\_ Bordetella \_\_\_\_\_

Cats: FVRCP \_\_\_\_\_ Feline Leukemia \_\_\_\_\_

other: \_\_\_\_\_

Is your pet currently on any medications? \_\_\_\_\_

Describe your pet's disposition and personality...shy, dominant, playful, depressed, anxious, interactive, etc. \_\_\_\_\_

\_\_\_\_\_

Tell your pet's story...where did he or she come from and how did you meet? What are your pet's likes, dislikes, and sensitivities? Fears and comforts? Any physical or emotional trauma in his/her past that you are aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe a day in the life of your pet, including her/his routine. \_\_\_\_\_

\_\_\_\_\_

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**Describe any past medical or behavioral problems your pet has dealt with:**

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**Describe the current issue for which you are seeking treatment. When did it begin? How has it changed or progressed? What are the primary symptoms?**

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**Has your pet been treated for this condition before, and if so, what treatments have you already tried?**

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**What makes the symptoms better or worse? Heat or cold, pressure, rest, exercise, being alone, being comforted, being outdoors or inside, etc.?**

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**Does your pet have any known allergies?**

**Please include photographs, videos, or any past records that might be helpful. We want to create a full and complete image of your pet and their current state of dis-ease so that we can work together to return them to full health and vitality.**