

Tanya Holonko DVM
Holistic and Conventional Veterinary Medicine
Housecalls & Phone Consultations by Appointment (360) 259-7576
(Skype/FaceTime Available)
tmhdvm@gmail.com

HOLISTIC CONSULTATION QUESTIONNAIRE

WELCOME

I need as much information as you can provide regarding your pet: i.e., copies of veterinary medical records including x-rays, lab tests results, and this questionnaire as completely as possible. In order to evaluate your pet for homeopathic treatment, it is important to have as much information as possible about the physical and emotional symptoms of the pet. Specific details and characteristics are very important, especially in questions #4,5,6. If you need more space, continue on the back of the sheet. It is always preferable for the doctor to see and personally examine your pet especially for the initial consultation; however, telephone consultations can be effective means to evaluate your pet's situation for diagnosis and treatment.

NAME _____ DATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

TELEPHONE HOME _____ WORK _____

E-MAIL _____

PET'S NAME _____ SPECIES _____ AGE _____ BREED _____

1. In your own words describe the illness/condition. When it started, how it started. What is happening? How do you feel about it and how it is affecting your pet?

2. What is your pet's diet? Include specific names of diets, supplements and table foods. Describe his/her appetite. Does s/he drink large amounts of water? How often? Does s/he prefer cold icy water/snow or room temperature water?

Tanya Holonko DVM
Holistic and Conventional Veterinary Medicine
Housecalls & Phone Consultations by Appointment (360) 259-7576
(Skype/FaceTime Available)
tmhdvm@gmail.com

HOLISTIC CONSULTATION QUESTIONNAIRE

WELCOME

I need as much information as you can provide regarding your pet: i.e., copies of veterinary medical records including x-rays, lab tests results, and this questionnaire as completely as possible. In order to evaluate your pet for homeopathic treatment, it is important to have as much information as possible about the physical and emotional symptoms of the pet. Specific details and characteristics are very important, especially in questions #4,5,6. If you need more space, continue on the back of the sheet. It is always preferable for the doctor to see and personally examine your pet especially for the initial consultation; however, telephone consultations can be effective means to evaluate your pet's situation for diagnosis and treatment.

NAME _____ DATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

TELEPHONE HOME _____ WORK _____

E-MAIL _____

PET'S NAME _____ SPECIES _____ AGE _____ BREED _____

1. In your own words describe the illness/condition. When it started, how it started. What is happening? How do you feel about it and how it is affecting your pet?

2. What is your pet's diet? Include specific names of diets, supplements and table foods. Describe his/her appetite. Does s/he drink large amounts of water? How often? Does s/he prefer cold icy water/snow or room temperature water?