



# Natural Healing

Whole Dog Wellness

## Veterinarian Questionnaire

**Client Name:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Dog's Name:** \_\_\_\_\_

Yes or No

\_\_\_\_\_ Does this patient have a history of cardiac disease

\_\_\_\_\_ Is this patient currently being treated with chemotherapy

\_\_\_\_\_ Are there any health conditions that would contraindicate swimming

If so, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dog (name) \_\_\_\_\_

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

Veterinarian Clinic: \_\_\_\_\_

Veterinarian signature: \_\_\_\_\_ date: \_\_\_\_\_

Please FAX this form to Natural Healing 630-293-1750 or e-mail to [lee@wholedogwellness.com](mailto:lee@wholedogwellness.com)

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