



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
randy@wholedogwellness.com

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630-483-9843