

SANDY BAY HOLISTIC VETERINARY CENTRE

(Formerly Sandy Bay Animal Hospital)

Dr David Boersma BSc BVMS VetMFHom

11 Gregory Street

Sandy Bay TAS 7005

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ABN 14 830 347 649



QUESTIONNAIRE

COMPLEMENTARY MEDICINE TO AID IN CASE MANAGEMENT (ANIMAL)

Please follow the general guidelines below, as this is the basic structure I use during the interview process.

Any peculiar behaviours such as burrowing under blankets, suckling etc should be noted as they can be relevant.

Think and ponder questions. They may be less straight forward than they first appear and will require close observation of your pet's behaviour.

Please type/write answers clearly on a separate sheet of paper. If possible, send me a copy in the post or by email prior to your appointment to allow me an overview of your pet's case.

Please inform your current vet of your interest in a homoeopathic consultation and arrange for them to forward a history to this practice. I will endeavour to send them a copy of my findings, or alternately, send/give them to you to pass on.

Your Name: _____

Telephone Number(s): _____

Address: _____

Email Address: _____

Pet's Name: _____

Pet's Breed: _____

Pet's Date of Birth: _____

TIMELINE

Please construct an approximate time-line for the events surrounding your pet's illness. Please include any previous illness, preferably back as far as you can remember, including when your pet was vaccinated, any side effects, severity of problems and progression of disease. Please include any ancillary treatments you have given (not necessarily veterinary).

THE PROBLEM

Please describe the problem – as you perceive it, and how your Vet described it.

PRECIPITATING EVENTS

Has the problem developed after a sudden fright/accident/vaccination or any veterinary intervention?

Has there been any emotional upset in the household?

Any change in general behaviour patterns?

Have there been any stressful episodes at home?

New pets in the house/next door/in the garden?

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BEHAVIOUR PATTERNS

Please describe your pet's normal daily pattern of behaviour from when you first observe them in the morning.

Has there been any change in their routine recently/before this problem began?

Is your pet happy?

How does your pet respond to the following stimuli?

- The local veterinary practice
- The postman
- Other pets, cats/dogs/other
- Restraint
- Loud noises, fireworks/trucks/thunder storms
- Owners arriving home from work/shops
- Being reprimanded

Any other behaviour patterns not previously described?

CYCLICAL PATTERNS/PROBLEMS

Has anybody in the household noted any repeated behaviour patterns, or any dislike/preference associated with:

- Lunar cycle
- Seasons/time of year
- Cold/wet/damp/foggy/sunshine/heat/storm/rain/snow/or any other weather patterns
- Any preference for hot/cold places
- Barometric pressures
- Taken to any different environments – beach, forest, mountain, city, country
- Touched on a certain part of the body
- One side of the body/part/leg/head/ears/face etc
- Preference to lying on one/other side
- Is your pet more/less comfortable in certain situations
- Time of day better/worse, or any episode at a recurring time
- Anything else that you have noticed?

DIETARY SUMMARY

What do you feed your pet? Is there any variation?

Any particular foods that upset/make the condition worse? How?

Will your pet steal food/what type?

Test food desires/aversions.

- Salt – try with crisps, or smear some salt on your arm
- Sweet – try sugar or honey/confectionary
- Sour – offer vinegar/pickles
- Fat – offer cream/fatty off cuts from meat/ice cream

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- Spice – offer curry sauce or similar
- Anything your pet won't touch at all?

Doing the above in small amounts will not normally cause any increase in skin disease/allergies unless extremely allergic.

THIRST

Please describe your pet's fluid intake in pints/litres per day, we will correlate this with their body weight.

- In what quantities is this drunk, small amount frequently, large amounts occasionally?
- Is there a desire for cold water/dripping taps/bottled water?

SEXUAL CHARACTERISTICS

- What sex is your pet?
- Is he/she neutered? At what age was this done?
- Was there a medical reason for this?
- Any drugs currently administered?
- If entire – are there any sexual characteristics displayed?

MENTAL & EMOTIONAL SYMPTOMS

- Are there any other mental characteristics you have not as yet mentioned that your pet displays?
- Any behaviour that you consider odd or unusual?
- Any clairvoyant behaviour – does he/she know what times people arrive home?

I look forward to your reply.

David Boersma BSc BVMS MRCVS Vet MFHom
Veterinarian

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