

## Telehealth Release Form

Date \_\_\_\_\_

I, \_\_\_\_\_ am requesting a telehealth e-mail/phone consultation with Dr. Ava Frick regarding my animal \_\_\_\_\_, a dog, horse, cat, rabbit (*circle one*). I understand that her recommendations will be based on questions discussed during the e-mail/phone consultation, laboratory tests &/or reports, her expertise as a veterinarian in the fields of clinical animal nutrition, pain management, and animal rehabilitation, in addition to the documents that I have provided via email or postal delivery (not faxed).

Necessary & Mandatory Items		Optional
<input type="checkbox"/> History	<input type="checkbox"/> C.A.N. questionnaire, dog or cat	<input type="checkbox"/> Radiographs
<input type="checkbox"/> Fur Sample, approx. 1 tsp	<input type="checkbox"/> Cheek swab sample, air dried	
<input type="checkbox"/> Recent Photograph of Animal	<input type="checkbox"/> Food sample/s	
<input type="checkbox"/> Completed Client Information Form		
<input type="checkbox"/> Laboratory reports from past 12 months and Primary DVM chart, emailed		

Dr. Frick may recommend nutritional supplements, herbs, vitamins, minerals, dietary improvements, exercises, therapeutic modalities or pain management medical devices to assist my animal in regaining health, strength, and reducing anxiety or pain. She also may offer recommendations that can be taken to my primary care doctor or another veterinary or animal professional for review and consideration. With these recommendations I will then choose what I would like to do for my animal.

\_\_\_\_\_  
Signature of owner

## TELEHEALTH INFORMATION FORM

*All must be answered, please.*

Please Print Clearly or Type

Date: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs Cat / Dog / Horse or Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed / Neutered / Intact Color: \_\_\_\_\_

Client Name: \_\_\_\_\_ Spouse/Co-Owner: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

HISTORY: (Please list any past significant illnesses, injuries, surgeries, etc., and the dates thereof)

CURRENT SITUATION CONCERNING YOU:

LIST ANY TREATMENTS, MEDICATIONS OR SUPPLEMENTS ANIMAL CURRENTLY TAKING:

DIET BEING FED, INCLUDE EVERYTHING:

LIST ANY SPORTING OR SHOW EVENTS IN WHICH YOUR ANIMAL PARTICIPATES:

WHAT ARE YOU LOOKING TO ACCOMPLISH WITH THIS?

We will gladly prepare a written estimate of service fees if you desire (please ask our Doctor or receptionist.)  
I understand that fees are due at the time services are rendered. Past due accounts are subject to late fees and collection charges. There will be a service charge for any check returned unpaid.

Signature (owner/agent) \_\_\_\_\_

**Daily Record of Food Intake for** \_\_\_\_\_

**Date:** \_\_\_\_\_

Your pet's diet may be an important key to his better health. Record the time of meal, type of food, or nutritional supplements given, and how much of each item your pet consumes each day. At the bottom of the page, please note the type and approximate quantity of water your pet drinks per day (i.e. tap, spring, filtered, bottled, please include the brand name and any other relevant information). Make any further notes of importance on the back of this form.

**Note: It is important to take into account things your pet consumes in addition to regular meals.**

For example, does your pet receive treats from shop owners, the teller at the bank, the groomer, trainer, kennel, doggie day care, other relatives in your home, children in your home accidentally dropping food on the floor, pet or human food treats on special occasions? Do you disguise medications or supplements in treats/food items? Please note if your pet eats or drinks unusual items in the yard, at the park, on the floor, etc. Please attach recipes if you home prepare raw or cooked foods for your pet.

**Type of material your pet's food and water dishes are made of:** \_\_\_\_\_

**Do you microwave your pet's food?** \_\_\_\_\_

**Morning: Record time of day your pet eats the morning meal here: Time:** \_\_\_\_\_ **A.M.**

Food: Type of protein, type of carbohydrates; canned, dry, home-cooked, raw fresh or raw frozen; food brand name, etc.

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Quantity: \_\_\_\_\_ Other food, supplements, or treats in A.M. \_\_\_\_\_

**Noon: Record time of day if your pet eats a noon meal here: Time:** \_\_\_\_\_

Food: Type of protein, type of carbohydrates; canned, dry, home-cooked, raw fresh or raw frozen; food brand name, etc.

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Quantity: \_\_\_\_\_ Other food, supplements, or treats at noon: \_\_\_\_\_

**Evening: Record time your pet eats an evening meal here: Time:** \_\_\_\_\_ **P.M.**

Food: Type of protein, type of carbohydrates; canned, dry, home-cooked, raw fresh or raw frozen; food brand name, etc.

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Quantity: \_\_\_\_\_ Other food, supplements, or treats in the evening: \_\_\_\_\_

**Water: Type/Brand:** \_\_\_\_\_

**Approximate amount of water consumed daily:** \_\_\_\_\_