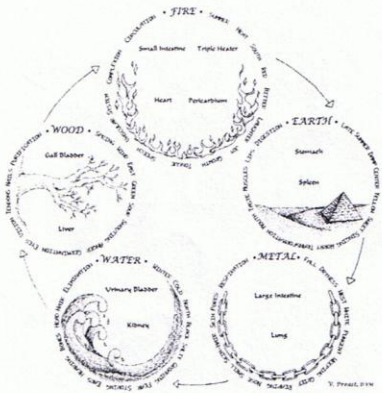


# Pet Personality & Clinical Signs

Owner Information			
Name		Telephone	Email
Address			
Animal Information		Name	Species
Sex	<input type="checkbox"/> Intact	Age	Weight
Current Medication			
Major Complaints			
Current Diet/Food			



Fire	
Normals	Abnormals
<input type="checkbox"/> lively <input type="checkbox"/> communicative <input type="checkbox"/> very friendly <input type="checkbox"/> affectionate <input type="checkbox"/> loves to be petted <input type="checkbox"/> center of the party	<input type="checkbox"/> insomnia <input type="checkbox"/> separation anxiety <input type="checkbox"/> restless <input type="checkbox"/> excess heat <input type="checkbox"/> rapid heart rate <input type="checkbox"/> heart problems



Wood	
Normals	Abnormals
<input type="checkbox"/> decisive <input type="checkbox"/> assertive <input type="checkbox"/> confident <input type="checkbox"/> strong <input type="checkbox"/> impulsive <input type="checkbox"/> athletic-stamina <input type="checkbox"/> alpha animal	<input type="checkbox"/> ligament problems <input type="checkbox"/> liver problems <input type="checkbox"/> red eyes <input type="checkbox"/> angers easily <input type="checkbox"/> ear problems <input type="checkbox"/> nail problems <input type="checkbox"/> footpad problems <input type="checkbox"/> anal sac issues

Earth	
Normals	Abnormals
<input type="checkbox"/> relaxed, laid back <input type="checkbox"/> sociable <input type="checkbox"/> round and large <input type="checkbox"/> loyal <input type="checkbox"/> serene and balanced <input type="checkbox"/> cares for others (motherly)	<input type="checkbox"/> diarrhea <input type="checkbox"/> constipation <input type="checkbox"/> loss of appetite <input type="checkbox"/> vomits <input type="checkbox"/> gum disease <input type="checkbox"/> weak muscles <input type="checkbox"/> overeats-obese <input type="checkbox"/> worries

Water	
Normals	Abnormals
<input type="checkbox"/> careful <input type="checkbox"/> curious <input type="checkbox"/> self contained <input type="checkbox"/> likes to hide <input type="checkbox"/> meditative <input type="checkbox"/> slow and consistent	<input type="checkbox"/> rear weakness <input type="checkbox"/> fearful <input type="checkbox"/> bone and back issues <input type="checkbox"/> urinary problems <input type="checkbox"/> disturbed growth <input type="checkbox"/> deafness <input type="checkbox"/> reproductive problems

Metal	
Normals	Abnormals
<input type="checkbox"/> loves order <input type="checkbox"/> obeys the rules <input type="checkbox"/> aloof <input type="checkbox"/> symmetrical body <input type="checkbox"/> disciplined attitude <input type="checkbox"/> good haircoat	<input type="checkbox"/> asthma <input type="checkbox"/> dry skin <input type="checkbox"/> sinus problems <input type="checkbox"/> breathing disorder <input type="checkbox"/> nose problems <input type="checkbox"/> cough

*Please all circle traits that apply to your pet on this page and check off those on the prior page:*

	<b>Yang (Heat)</b>	<b>Yin (Cold)</b>	<b>Normal</b>
<b>Preferences:</b>	Shade or cool locations (concrete/tile)	Sun or warm locations (carpet)	No preference/neither
<b>Personality:</b>	Hyperactive, outgoing, confident, strong (Fire/Wood)	Quiet, timid less confident (Earth/Water)	
<b>Diet:</b>	Dry food, hot food (chicken, mutton, deer Meat)	Iced food or drink, cold food (fish, tofu), cold raw	
<b>Thirst:</b>	Thirsty	Less Thirsty	Normal
<b>Appetite:</b>	Ravenous	Finicky	Good/normal
<b>Feces:</b>	Dry or bloody or malodorous	Loose or diarrhea	Normal
<b>Urine:</b>	Short stream or malodorous or bloody	Long stream or urinary leakage	Normal
<b>Medications:</b>	Steroids, Yang/Qi tonic herbs	Antibiotic, Heat-clearing/Yin Tonic herbs	
<b>Age:</b>	Young	Old	
<b>Disease Course:</b>	Short  Acute Disease	Long  Chronic	

**Further Questions:**

<b>Water Intake:</b>	Normal	Loves to drink	No thirst	Increased	Decreased	
<b>Food Intake:</b>	Normal	Finicky	Poor	Ravenous		
<b>Voice:</b>	Loud	Weak	Changed			
<b>Cough:</b>	Dry	Wet	Loud	Weak	Productive (foam/phlegm)	
	Daytime	Nighttime	Worse at night			
<b>Respiration:</b>	Normal	Heavy	Strong	Weak	Superficial	Short of breath on walks
<b>Feces:</b>	Normal Bloody	Watery Mucous	Loose Incontinent	Dry Malodorous	Constipation	
<b>Urination:</b>	Normal	Long	Short	Incontinent	Bloody	Malodorous
<b>Exercise:</b>	Normal	Lots	Too little	Intolerant (quits or refuses)		
<b>Sleep:</b>	Normal Likes Soft bed or Hard bed	Too much	Too little Muscle jerking during sleep	Restless at night	Vocalizes at night	
<b>Vomiting:</b>	None Volume: Much or Little	Frequent	Sporadic	AM/PM Food or water or both	Just after eating With undigested food	
<b>Stiffness:</b>	Acute Worse: Massage:	Chronic in morning when damp Likes	None in evening worse with exercise Dislikes	when cold when first gets up then better	when hot	