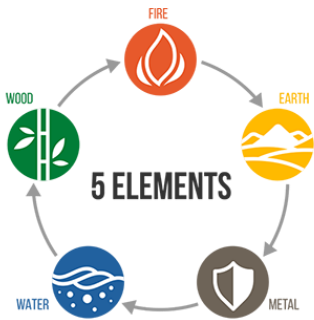


## Pet Personality & Clinical Signs

Owner Information			
Name		Telephone	
Address		Email	

Animal Information						
Name				Breed		
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Intact	Age		Weight
Current Medication						
Major Complaints						
Current Diet/Food						



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



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

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

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

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

# Veterinary Holistic Healing

Janice E. Posey, DVM, CVA

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

	Yang (Heat)	Yin (Cold)	Normal
<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: *(Circle all that Apply)*

<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	Watery	Loose	Dry	Constipation	Bloody	Mucous	Incontinent	Malodorous
<b>Urination:</b>	Normal	Long	Short	Incontinent	Bloody	Malodorous			
<b>Exercise:</b>	Normal	Lots	Too Little	Intolerant (quits or refuses)					
<b>Sleep:</b>	Normal	Too Much	Too Little	Restless at night	Vocalizes at night				
	Likes Soft or Hard Bed	Muscle Jerking during sleep							
<b>Vomiting:</b>	None	Frequent	Sporadic	AM/PM	Just after eating	Volume: Much or Little			
	Food or Water or Both	With undigested food							
<b>Stiffness:</b>	Acute	Chronic	None						
	Worse: In Morning	In Evening	When Cold	When Hot	When Damp	With Exercise			
	Worse when first gets up	When first gets up then better							
<b>Massage:</b>	Likes Massage	Dislikes Massage							