



Dr. Bob and Susan Goldstein's
HEALING CENTER FOR ANIMALS

606 Post Road East, Westport, CT 06880
hcfa@healingcenterforanimals.com - www.healingcenterforanimals.com
203-227-4943 (phone) – 888-353-4817 (fax)

Nutritional Pet Profile (NPP)TM Questionnaire

Please fill out the entire questionnaire completely. Also please send appropriate test results from your veterinarian. Upon completion of all the information, please call to confirm receipt.

Please print with black ink and clearly so we may read and understand your animals needs.

Personal Information

Date: _____

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Office Phone _____

Cell Phone _____ Other Phone _____

Email Address _____

Please indicate which service you are interested in below.

NPPTM with Consult \$350 NPPTM without Consult \$250

Credit Card # (MC/VISA/DISC/AMEX) _____

Name On Card _____ Exp. Date _____

Patient Information

Animal's Name _____

Feline Canine Horse Bird Other (please specify) _____

Breed of Animal _____ Sex: _____ Weight: _____ Age/DOB: _____

Spay/Neutered – Yes _____ No _____ Date of Procedure _____

Veterinarian's Name _____

Veterinary Hospital _____

Veterinarian's Phone _____ Veterinarian's Fax _____

1. What is the specific condition/disease of your animal? (Please send veterinarian reports)

Check Each Condition That Applies To Your Animal

- [] Anemia - Type: _____
- [] Arthritis/Dysplasia/Tendonitis - Type: _____
- [] Autoimmune Disease - Type: _____
- [] Behavior Emotions - Type: _____
- [] Brain/Nerve - Type: _____
- [] Cancer – Type & Location: _____
- [] Ear or Eye - Type: _____
- [] Eye - Type: _____
- [] Gland Disease (Adrenal, Female, Male, Pituitary, Pancreas, Thyroid etc) - Type: _____
- [] Heart - Type: _____
- [] Infectious Disease (Bacterial, Tick-borne, Viral etc) - Type: _____
- [] Kidney - Type: _____
- [] Liver/Gall Bladder - Type: _____
- [] Mouth/Gum/Teeth - Type: _____
- [] Sinus/Bronchial/Lung - Type: _____
- [] Skin - Type: _____
- [] Stomach Intestinal - Type: _____
- [] Urinary/Bladder - Type: _____

2. What specific tests were done to obtain this condition/diagnosis? (Please send your veterinarian's reports)

3. What is your animal's current diet? (Include any table scraps, home cooked foods and treats)

4. What supplements (if any) is your animal receiving?
(Vitamins, Minerals, Homeopathic, Enzymes, Antioxidants, Phytonutrients, Nutraceuticals etc...)

5. Is your animal currently taking any medications? If so, name the specific drug(s), dosage and frequency?

6. Is your animal currently receiving any type of therapy?
(Acupuncture, Medical, Surgical, Chemotherapy, Radiation, Cortisone, etc... how often and the dose)

7. What is your animal's vaccination history? Be specific and include dates when possible.
(Please attach the vaccine history to this form or have your veterinarian supply this information by fax or email).

8. In your opinion, what is your animal's emotional status and history?

9. Has your animal ever been in a shelter or been rescued? – (Please specify dates)

10. Is your animal grieving? (Please explain)

11. What is your current Flea and Tick prevention program and how often do you administer?

12. What are your health goals for your animal?

13. What are your main concerns about your animal?

14. Any additional comments?

15. How did you hear about Dr. Bob and Susan Goldstein's Healing Center for Animals?

16. How would you like to receive the NPP™?

Mail E-mail Fax Pickup at Earth Animal?

WARNING: Speak with your Veterinarian before vaccinating your animal. If your animal suffers from a compromised immune system or is in a fragile state of health, consider the possible side effects. Vaccinate with intelligence. We suggest titer testing.

A \$25.00 fee will be charged to you if 24-hour notice is not given for cancellation of a phone consultation.

Please Note: Food and Supplements sold separately

Refund Policy on Services and Products:

All Custom Blended Homeopathic's (CBH) are non refundable. Nutraceutical Support Formulas and Liquid Remedies must be unopened with seal still intact and must be returned within 15 days from the ship date for a full refund.