

***ANIMAL HAIR TESTING FORM*** (for the initial test and retests)

Today's date \_\_\_\_\_

**Animal Owner's information:** Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Nation \_\_\_\_\_ Postal Code \_\_\_\_\_

**Animal Information:** Name \_\_\_\_\_ Species \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
Gender M F

**Main Type And Brand Of Food** \_\_\_\_\_

\_\_\_\_\_

**Treats:** How Often? \_\_\_\_\_ Type And Brands \_\_\_\_\_

**Nutritional Supplements:** \_\_\_\_\_

\_\_\_\_\_

**Medications:** \_\_\_\_\_

\_\_\_\_\_

**Symptoms:** *Circle all current symptoms:* allergies, skin problems, fungal infections, joint problems, muscle stiffness, pain, weakness, ligament problems, fractures, fatigue, weight gain, weight loss, hair loss, urination problems, fevers cough, cataracts, hoof problems, teeth problems, poor appetite, dull coat, constipation, diarrhea, tumors, ulcers, anxiety fear, easily spooked, moody, lethargic, sleeps a lot, aggressive, confused.

**Other Symptoms:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If this is a retest, what changes have you noticed since the last test?** \_\_\_\_\_

\_\_\_\_\_