



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

Today's date:

Owner's information:

Full Name _____

Phone # _____

Address _____

State/Province or County _____

Nation _____ Postal Code _____

Animal Information:

Name _____ Species: _____

Gender Male Female Age _____ Weight _____

Main Type And Brand Of Food

Treats: How Often? _____ Type And Brands _____

Nutritional Supplements:

Medications:

Symptoms: *Tick 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?
