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certified veterinary homeopath

## Reaction to Remedy Follow Up

Name: \_\_\_\_\_

Date: \_\_\_\_\_

In order for me to efficiently evaluate the prescription your pet has received, please circle the appropriate responses the *day before* your **follow up appointment (usually 3-4 weeks after remedy administration)** and if possible fax this form back to 203.227.3231. In addition, please call the office with a short, general update about your pet's **initial response to the remedy 1 week after it is given.**

Appetite	increased,	decreased,	unchanged,	not applicable.
Length of sleep	increased,	decreased,	unchanged,	not applicable.
Dreaming (whimpering, paddling, eye movements)	increased,	decreased,	unchanged,	not applicable.
Seizures	increased,	decreased,	unchanged,	not applicable.
Overall energy level	increased,	decreased,	unchanged,	not applicable.
General mood	increased,	decreased,	unchanged,	not applicable..
Desire to socialize with people	increased,	decreased,	unchanged,	not applicable.
Desire to socialize				

with other animals	increased,	decreased,	unchanged,	not applicable.
Desire to exercise	increased,	decreased,	unchanged,	not applicable.
Ability to exercise	increased,	decreased,	unchanged,	not applicable.
Lameness	increased,	decreased,	unchanged,	not applicable.
Ease of getting up first thing in the morning	increased,	decreased,	unchanged,	not applicable.
Ease of getting up any time of day	increased,	decreased,	unchanged,	not applicable.
Ability to get in the car	increased,	decreased,	unchanged,	not applicable.
Stiffness	increased,	decreased,	unchanged,	not applicable.
Joint pain	increased,	decreased,	unchanged,	not applicable.
Desire for heat	increased,	decreased,	unchanged,	not applicable.
Desire for cold	increased,	decreased,	unchanged,	not applicable.
Mouth discomfort	increased,	decreased,	unchanged,	not applicable.
Ear discomfort	increased,	decreased,	unchanged,	not applicable.
Vomiting	increased,	decreased,	unchanged,	not applicable.
Diarrhea	increased,	decreased,	unchanged,	not applicable.
Fecal incontinence	increased,	decreased,	unchanged,	not applicable.
Flatulence	increased,	decreased,	unchanged,	not applicable.
Constipation	increased,	decreased,	unchanged,	not applicable.
Coughing	increased,	decreased,	unchanged,	not applicable.
Sneezing	increased,	decreased,	unchanged,	not applicable.
Nasal discharge	increased,	decreased,	unchanged,	not applicable.
Water consumption	increased,	decreased,	unchanged,	not applicable.
Urination frequency	increased,	decreased,	unchanged,	not applicable.
Urinary incontinence	increased,	decreased,	unchanged,	not applicable.
Stool frequency	increased,	decreased,	unchanged,	not applicable.

Stool odor	increased,	decreased,	unchanged,	not applicable.
Anal sac irritation-discharge	increased,	decreased,	unchanged,	not applicable.
Mouth odor	increased,	decreased,	unchanged,	not applicable.
Urine odor	increased,	decreased,	unchanged,	not applicable.
Ear odor	increased,	decreased,	unchanged,	not applicable.
Ear discharge	increased,	decreased,	unchanged,	not applicable.
Coat Quality	dry/flaky,	shiny,	shedding,	better/worse
Skin odor	increased,	decreased,	unchanged,	not applicable.
Itchiness	increased,	decreased,	unchanged,	not applicable.
Grooming behavior	increased,	decreased,	unchanged,	not applicable.
Skin irritation(s)	increased,	decreased,	unchanged,	not applicable.
Skin growth(s)	increased,	decreased,	unchanged,	not applicable.
Eye redness	increased,	decreased,	unchanged,	not applicable.
Eye discharge	increased,	decreased,	unchanged,	not applicable.

Comments:

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