

ANIMAL HAIR MINERAL TESTING FORM

(for the initial test and for retests) updated 5/20/14

Today's Date _____

Name of Animal _____ Name of Animal Owner _____

Zip Code or, if not in the USA, **City & Nation** of Owner _____

Type of animal _____ Breed or subspecies _____ Age _____ Weight _____

male__ OR female__ Animal Workload (if horse) circle: Light Medium Heavy

Main Health Problems _____

Recent Medical Tests/Surgeries _____

FEED: Main Brand(s) Of Feed: _____

Nutritional Supplements _____

Medications _____

How Often Do You Give Treats? _____

List Treats _____

SYMPTOMS: Circle all current symptoms. Place a star next to ones that concern you the most.

- | | | |
|------------------------|---------------------|----------------------|
| Allergies | Cough | Colic |
| Hives | Nasal Discharge | Ulcers |
| Skin Problems | Sugar Reactions | Tumors |
| Fungal Infections | Slow Wound Healing | |
| Joint pain/stiffness | Cataracts or Eye | Anger/Aggression |
| Muscle | Problems | Anxiety/Fear |
| pain/soreness/weakness | Hoof Issues | Confusion |
| Ligament Problems | Tooth Decay | Irritability |
| Fractures | Gum Disease | Moody |
| Fatigue | Slow Eating | Panic Attacks |
| Weight Gain | Poor Appetite | Hyperactivity/Easily |
| Weight Loss | Skin Growths | Spooked |
| Hair Thinning or Loss | Dull Hair Coat | Hypoactive/Lethargy |
| Urination Problems | Other Coat Problems | Dull |
| Fever | Constipation | Sleeps A Lot |
| Other Symptoms: _____ | Diarrhea | |

Is this a retest: Yes No

If this is a retest, what changes have you noticed: _____

