

## PET PERSONALITY & CLINICAL SIGNS

Owner Information					
Name		Telephone		E-mail	
Address					
Animal Information		Name		Species	
Sex	<input type="checkbox"/> Intact	Age		Weight	
Current Medications					
Major Complaints					
Current Diet/Food					

Fire	
Normals	Abnormal
<input type="checkbox"/> Lively	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Communicative	<input type="checkbox"/> Separation anxiety
<input type="checkbox"/> Very friendly	<input type="checkbox"/> Restless
<input type="checkbox"/> Affectionate	<input type="checkbox"/> Excess heat
<input type="checkbox"/> Loves to be petted	<input type="checkbox"/> Rapid heart rate
<input type="checkbox"/> Center of the party	<input type="checkbox"/> Heart problems

Wood	
Normals	Abnormal
<input type="checkbox"/> Decisive	<input type="checkbox"/> Ligament problems
<input type="checkbox"/> Assertive	<input type="checkbox"/> Liver problems
<input type="checkbox"/> Confident	<input type="checkbox"/> Red eyes
<input type="checkbox"/> Strong	<input type="checkbox"/> Angers easily
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Ear problems
<input type="checkbox"/> Athletic-stamina	<input type="checkbox"/> Nail problems
Alpha animal	Footpad problems
	Anal sac issues
Earth	
Normals	Abnormal
<input type="checkbox"/> Relaxed, laid back	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Sociable	<input type="checkbox"/> Constipation
<input type="checkbox"/> Round and large	<input type="checkbox"/> Loss of appetite
<input type="checkbox"/> Loyal	<input type="checkbox"/> Vomit
<input type="checkbox"/> Serene and balanced	<input type="checkbox"/> Gum disease
<input type="checkbox"/> Cares for others (motherly)	<input type="checkbox"/> Weak muscles
	<input type="checkbox"/> Overeats - obese
	<input type="checkbox"/> Worries

Water	
Normals	Abnormal
<input type="checkbox"/> Careful	<input type="checkbox"/> Rear weakness
<input type="checkbox"/> Curious	<input type="checkbox"/> Fearful
<input type="checkbox"/> Self contained	<input type="checkbox"/> Bone and back issues
<input type="checkbox"/> Likes to hide	<input type="checkbox"/> Urinary problems
<input type="checkbox"/> Meditative	<input type="checkbox"/> Disturbed growth
<input type="checkbox"/> Slow and consistent	<input type="checkbox"/> Deafness
	<input type="checkbox"/> Reproductive problems
Metal	
Normals	Abnormal
<input type="checkbox"/> Loves order	<input type="checkbox"/> Asthma
<input type="checkbox"/> Obeys the rules	<input type="checkbox"/> Dry skin
<input type="checkbox"/> Aloof	<input type="checkbox"/> Sinus problems
<input type="checkbox"/> Symmetrical body	<input type="checkbox"/> Breathing disorder
<input type="checkbox"/> Disciplined attitude	<input type="checkbox"/> Nose problems
<input type="checkbox"/> Good haircoat	<input type="checkbox"/> Cough