

STRESS TEST©

Some of your pet's reactions in life could be the result of stress. Place an "X" in the box in front of each statement that applies to your pet. The more marks present the more stress and body system problems may be present now, or likely to occur in the future. Complete the survey and see for yourself. Then ask our doctor to explain the results and how we can help.

GROUP A			
<input type="checkbox"/>	Abnormal Gait	<input type="checkbox"/>	Has begun to bite or growl
<input type="checkbox"/>	Difficulty getting up or down	<input type="checkbox"/>	Shifts weight off of a leg, limps
<input type="checkbox"/>	Cries or moans	<input type="checkbox"/>	Has had a surgery or injury in the past
<input type="checkbox"/>	Problems getting comfortable	<input type="checkbox"/>	Less active, avoids playing
<input type="checkbox"/>	Change in attitude, personality	<input type="checkbox"/>	Guarding a part of the body
<input type="checkbox"/>	Swishes tail, grumpy	<input type="checkbox"/>	Isolates away from pets or people

GROUP B			
<input type="checkbox"/>	Nervous, high strung, high energy	<input type="checkbox"/>	Aggressive or fear biter
<input type="checkbox"/>	Afraid of storms, loud noises	<input type="checkbox"/>	Fails to calm once gets upset
<input type="checkbox"/>	Eyes or nose dry	<input type="checkbox"/>	Gets rashes readily
<input type="checkbox"/>	Tends to have digestive problems	<input type="checkbox"/>	Vomits when get excited or nervous
<input type="checkbox"/>	Does not adapt well to change	<input type="checkbox"/>	Quick moves startle pet easily
<input type="checkbox"/>	Obsessive or compulsive issues	<input type="checkbox"/>	Sweats or pants excessively

GROUP C			
<input type="checkbox"/>	Nose or eyes watery, staining	<input type="checkbox"/>	Skin lesions, slow healing wounds
<input type="checkbox"/>	Poor coat, balding or fur loss excessive	<input type="checkbox"/>	Poor circulation, cold intolerant
<input type="checkbox"/>	Slow to get started or move	<input type="checkbox"/>	Tends to get infections
<input type="checkbox"/>	Not interested in much, sleeps a lot	<input type="checkbox"/>	Weak ligament, back problems
<input type="checkbox"/>	Gains weight easily or in odd places	<input type="checkbox"/>	Body odor, dandruff or oily skin
<input type="checkbox"/>	Joint stiffness upon rising	<input type="checkbox"/>	Diarrhea and /or constipation

Total Group A = _____

Total Group B = _____

Total Group C = _____