



PET LOSS BEREAVEMENT COUNSELING

SUPPORT GROUPS and WORKSHOPS for ORANGE COUNTY

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-- CONFIDENTIAL INFORMATION --

Intake Date: _____ Referred by (vet, website, friend, hotline): _____

Name: _____ e-mail address: _____

Home Telephone: () _____ Is it okay to leave a message? YES NO (please circle one)

Cellular Telephone () _____ Is it okay to leave a message? YES NO (please circle one)

Where do you prefer to be called? Please list 1, 2, 3: ___ Home ___ Cellular ___ Work / business

Home Address: _____ City _____ Zip _____ DOB: ____/____/____

With whom do you reside?	Name	What is your relationship?	His/her age?
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Do you have other pets? YES NO
If so, what kind(s) i.e.; dog, cat, bird?

	Name(s)	Age(s)

Are any of your pets grieving the loss as well? (Noticeable behavioral changes; appetite, withdrawal, clinging, etc.)

No _____ Yes _____ I don't know _____ Will you please describe their behavior? _____

Please provide information if applicable:

What was/is your pet's name? _____ What type of pet? _____

What was your pet's age? _____ How long had your pet been with you? _____

What were the circumstances? Natural death /trauma /sudden onset of illness /rapid progression /euthanasia

If other than death, type of loss, i.e.; divorce, separation, run away, stolen, etc., _____

Have you found family and friends emotionally supportive? How so/not? _____



Was your pet terminally ill? Yes ____ No ____ Diagnosis? _____

When was your pet diagnosed? _____ Was euthanasia a consideration? YES __ NO __

Any comments or information you'd like to share with your therapist? _____

How is this experience affecting your ability to function in your daily life? _____

Describe the bond you shared with your pet: _____

How intense was your bond? _____

Was your pet a "people replacement" for you? _____

What needs has your pet met? _____

Have you previously lost a pet? If so, please describe: _____

When did your loss occur? _____ What kind of pet was it? _____

What was your pet's name? _____ How old was your pet? _____

How long was your pet in residence with you? _____ Were family/friends supportive? _____

What were the circumstances? Natural death, trauma, sudden onset of illness, rapid progression, euthanasia

If other than death, what type of loss was it? (i.e.: divorce, pet ran away, was stolen, etc.) _____

How did this experience affect your ability to function in your daily life? _____

Did you seek counseling? Yes No With whom did you consult? _____

Have you experienced other losses in your life? If so, what kind: _____

Can you currently identify a support system of friends and/or family who are understanding and available to you at this time? _____ Who are they? _____

What are your expectations for therapy and/or a Support Group experience? _____

Are there any questions or concerns you have about therapy or attending a Support Group? Yes ____ No ____

If so, will you please list them? _____

Thank you for your time and interest in our Pet Loss Bereavement Counseling and Support Groups.

Please return this completed document when you attend your scheduled session or group.