



PET LOSS BEREAVEMENT COUNSELING

SUPPORT GROUPS and WORKSHOPS of ORANGE COUNTY

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-- CONFIDENTIAL INFORMATION --

Today's 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? Home Cellular Work / business

When is the best time to reach you by phone? _____

Home Address: _____ City _____ Zip _____

Family / Home:	With whom do you reside?	What is your relationship?	What is their name?
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Do you have other pets? YES NO	If so, what kind(s) i.e.; dog, cat, bird?	What is/are the names?	and ages?
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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: Is/was your pet terminally ill? _____

If so, when was you pet diagnosed? _____ What is/was your pet's diagnosis? _____

Are you considering/did you consider euthanasia? YES _____ NO _____ I don't know _____

Any comments: _____

Please provide information on the pet you have lost. When did your loss occur?

What kind of pet was it? _____ What was your pet's name? _____

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 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/group experience? _____

Are there any questions or concerns you have about therapy /attending a support group? 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 your application as soon as possible using the address at the top of this form.