



CLINICAL TRIAL ENROLLMENT FORM

Chronic Enteropathies

PATIENT/CLIENT INFORMATION										
Name:					Date of Exam (Day 0):					
Species/Breed:										
Sex:	Male (M):		Female (F):		Castrated Male (CM):		Spayed Female (SF):			
Age:										
Weight:		lbs		oz						
Address										
City, State, Zip:										
Phone:										
E-mail Address:										
CLINICAL DIAGNOSIS AND SELECTION INFORMATION										
Diagnosed Condition:	Animals with any of the following will be considered if the animal has had bouts of intestinal inflammation including diarrhea with or w/o blood at least 3 times in the past 18 months requiring medical and/or dietary therapy.									
	Chronic Enteropathy:		Chronic Enteritis:		IBS:		Colitis:			
w/ Ultrasound & Intestinal Biopsy:	Animals with Inflammatory Bowel Disease (IBD) must be diagnosed via ultrasound and biopsy of the intestines.									
	IBD:		Date (Ultrasound):		Date (Biopsy):					
Intial Protocol Required:	ANT Intestinal/IBD Support Formula:				Probiotic 123:					
	Homotoxicology Injectable Combination:				Homotoxicology Oral Remedy:					
Remarks:										
VETERINARIAN INFORMATION										
Doctor Name (L, F, MI):										
Hospital/Clinic:										
Address:										
City, State, Zip:										
Phone:										
E-mail Address:										