

Natural Healing Veterinary Acupuncture, PC

Patient Intake Form

Patient Name: _____ Breed: _____
Dog/Cat/Other (**please circle**) Date of Birth/Age: _____ Weight _____
Sex: Male/Female (**please circle**) Spayed or Neutered: Yes/No (**please circle**)
Veterinarian's name & clinic: _____

History

Current issues of concern and/or diagnosis: _____

Veterinary workup? Bloodwork/x-rays/MRI/other: _____

(Please bring a copy of relevant veterinary records and test results)

Other appropriate history information (i.e. former injury or digestive issues): _____

Medications or supplements your pet is currently taking (include homeopathic, herbal, nutritional supplements, prescription meds from traditional veterinary clinic). Please include when these medications or supplements were started and dosages: _____

Diet information

Type (i.e. homemade, dry, canned, raw): _____
Brand(s): _____
Quantity and frequency of feedings: _____

Has your pet ever received acupuncture? _____
Anything else you would like to share? _____

How did you hear about Natural Healing Vet Acupuncture? _____
(Feel free to use the back of the form if you need more room to answer any of the above.)