

# Natural Healing Veterinary Acupuncture, LLC

## Patient Intake Form

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Species: \_\_\_\_\_ 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.)