



WESTSIDE VETERINARY CLINIC



Acupuncture Information Form (Please Print)

Thank you for giving us the opportunity to care for your pet.

Please complete the following so that we may best determine your pet's needs.

Owner Name: _____

Pet Name: _____

Species: _____

Breed: _____

DOB or Age: _____ **Sex:** M / F **Altered?** Y / N

I. What is your pet's main reason for seeking/needing acupuncture?

- Health Problem(s), describe: _____
- General Wellness

II. If your pet was treated previously for this problem, please answer the following questions:

- What diagnostics have been done and what were results? (ex. Bloodwork, X-rays)
- What treatments were utilized?
- Did the pet show any improvement? If so, please describe:
- Since your pet's last veterinary visit, is he/she: The same / Better / Worse

III. Please list to your best ability:

- CURRENT MEDICATIONS:
- CURRENT HERBS AND/OR SUPPLEMENTS:
- CURRENT DIET:
- CURRENT EXERCISE REGIMEN:

IV. Traditional Chinese Medicine (TCM) history:

(in each section, please answer or circle all that apply)

Energy and Well-Being:

- Energy level in general – Normal / Reduced / Increased
- Energy is highest – Morning / Afternoon / Night / Consistent
- Attitude/mood is best – Morning / Afternoon / Evening / Night / Consistent
- My pet is: Outgoing / Shy / Aggressive
- My pet is: Happy / Content / Restless / Crabby / Depressed
- My pet prefers: To be cool / To be warm / Does not have a preference
- Sleep – Normal / Decreased / Increased / Restless at night
- Dreams – None / Vocalization / Running

Mobility

- Mobility level – Normal / Reduced / Increased
- Mobility is best – Morning / Afternoon / Evening / Night / Consistent
- My pet has a specific area that is weak or lame: Yes / No
If “Yes,” please circle all that apply: Front right leg / Front left leg / Back right leg / Back left leg

Pain

My pet is in pain: Yes / No If Yes, How long? _____

If you answered “Yes,” please complete the following regarding your pet’s pain:

- Pain is ____/10 with 10 being the worst
- Is the pain in a specific area? No / Yes, where? _____
- After rest pet is: Better / Worse
- After exercise pet is: Better / Worse
- How does weather/temperature affect your pet’s pain? _____
- Better in AM / Better in afternoon / Better in evening / No time difference

Nutrition/Digestion/ Urinary

- Appetite – Normal / Increased / Decreased
- My pet: Loves to eat / Is not food motivated / Is picky
- Vomiting – None / Occasional / A couple of times per week / Often / Other:
 - If vomiting is a regular occurrence, please describe when it happens and what it looks like: _____
- Stools – Normal / Soft / Diarrhea / Hard and dry / Constipation / Incontinent
 - There is blood / Mucous in the stool
 - Odor of stool – Normal / Strong / No odor
 - Does your pet have gas? Yes / No
- Thirst – Normal / Increased / Decreased
- Water intake - Frequent small sips / Large amounts at one time / Moderate
- Urine – Normal/ Increased / Decreased / Incontinent / Straining / Vocalizes
 - Color of urine? Normal / Clear / Dark yellow
 - Odor of urine? Normal / No odor / Strong odor

Skin

- My pet has: Brittle nails / Dry pads / Dry skin with large flakes / Dry skin with small flakes
- Is your pet itchy? No / Yes
 - If “Yes” please circle all that apply: Sometimes / During day / At night / All the time
- Has your pet’s hair coat changed? No / Yes, describe: _____

Reproduction

- Fertile / Infertile / Not applicable
- Describe any reproduction problems your pet has had: _____

Respiration/ Breathing

- Normal / Coughs / Has had a change in breathing, describe: _____
- My pet’s voice or noises that he/she makes are: The same / Have changed, describe: _____

Is there anything else we should know about your pet’s health or emotional history?