



## Acupuncture Intake History

Please answer the following questions, if known.

Your name: \_\_\_\_\_

Your pet's name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Who is your pet's regular veterinarian? \_\_\_\_\_

\_\_\_\_\_

Vaccine history: (please include dates)

Cats: Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_ FELV \_\_\_\_\_

FIV/FELV test date and result: \_\_\_\_\_

Indoor/Outdoor? \_\_\_\_\_

Deworming history: (please include dates) \_\_\_\_\_

Dogs: Rabies \_\_\_\_\_ DHPP \_\_\_\_\_ Lyme \_\_\_\_\_

Leptospirosis \_\_\_\_\_ Kennel Cough \_\_\_\_\_

Canine Influenza \_\_\_\_\_

Heartworm test date and result: \_\_\_\_\_

Deworming history (please include dates) \_\_\_\_\_

Has your pet had any recent labwork? If so, can you please provide a copy of the results? \_\_\_\_\_

Has your pet had any recent x-rays? If so, can you please provide a copy of the results? \_\_\_\_\_

Current diet and portions (include treats as well): \_\_\_\_\_

\_\_\_\_\_

What medications does your pet currently take? (Please include prescription or over-the-counter medications and supplements, the dose, and frequency of administration): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Wholistic Paws Veterinary Services, LLC

Acupuncture, Rehabilitation, Hospice, and Euthanasia services in the comfort and dignity of your home.

## General History:

1. What is the chief complaint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. When did it start? (i.e. Time of day? Seasonal? After rest? After eating?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What treatments have been tried? Did they work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has your pet had any adverse reactions to medications? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does your pet have any other health problems, unrelated to your chief complaint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has your pet had acupuncture for this problem in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has your pet been treated with Chinese herbs for this problem in the past?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If you could give your pet a job, what would it be? (i.e. a teacher, a public speaker, a scientist, etc?) \_\_\_\_\_  
\_\_\_\_\_



# Wholistic Paws Veterinary Services, LLC

Acupuncture, Rehabilitation, Hospice, and Euthanasia services in the comfort and dignity of your home.

## TCVM History:

1. Does your pet exhibit any coughing or sneezing? Yes \_\_\_\_\_ No \_\_\_\_\_  
If your pet is coughing, is it: Loud \_\_\_\_\_ Soft \_\_\_\_\_

2. How is your pet's appetite?  
Normal \_\_\_\_\_ Voracious \_\_\_\_\_ Reluctant \_\_\_\_\_  
If your pet's appetite is voracious, is he or she full after only a couple of  
bites of food? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Does your pet experience vomiting? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered Yes, does your pet:  
Vomit immediately after eating? Yes \_\_\_\_\_ No \_\_\_\_\_  
Belch often or have increased stomach noise? Yes \_\_\_\_\_ No \_\_\_\_\_  
Lick surfaces or his or her paws often? Yes \_\_\_\_\_ No \_\_\_\_\_  
Vomit mostly over night/early in the morning? Yes \_\_\_\_\_ No \_\_\_\_\_  
Vomit several hours after eating? Yes \_\_\_\_\_ No \_\_\_\_\_  
Vomit food? Yes \_\_\_\_\_ No \_\_\_\_\_  
Vomit bile? Yes \_\_\_\_\_ No \_\_\_\_\_

4. How are your pet's stools? Normal \_\_\_\_\_ Abnormal \_\_\_\_\_  
If abnormal, are your pet's stools:  
Loose? \_\_\_\_\_ Dry? \_\_\_\_\_  
Any mucous? \_\_\_\_\_ Any blood? \_\_\_\_\_  
If you've noted blood in the stools, is it:  
Bright red blood? \_\_\_\_\_ Black, tarry blood? \_\_\_\_\_  
Does your pet strain to have a bowel movement?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If your pet is straining, is it due to dryness or weakness? \_\_\_\_\_

\_\_\_\_\_

Does your pet strain to have a bowel movement and then feel  
better? \_\_\_\_\_

Does your pet strain to have a bowel movement and then feel  
worse (i.e. worn out afterwards)? \_\_\_\_\_

What is the shape of your pet's stools?  
Thin, ribbon-like? \_\_\_\_\_  
Dry? \_\_\_\_\_  
Pellets? \_\_\_\_\_



# Wholistic Paws Veterinary Services, LLC

Acupuncture, Rehabilitation, Hospice, and Euthanasia services in the comfort and dignity of your home.

5. How is your pet's thirst? Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

If you answered abnormal, is the thirst:

Increased? \_\_\_\_\_ Decreased? \_\_\_\_\_

If you answered increased, does your pet:

Drink a lot all the time? \_\_\_\_\_

Drink only small amounts after repetitive visits to the water bowl?  
\_\_\_\_\_

6. How is your pet's urine? Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

If you answered abnormal, is your pet's urine:

Increased in frequency? Yes \_\_\_\_\_ No \_\_\_\_\_

Copious amounts and odorless? Yes \_\_\_\_\_ No \_\_\_\_\_

Dark, frequent urinations with strong odor? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Does your pet seek: Cool surfaces \_\_\_\_\_ Warm surfaces \_\_\_\_\_

Firm surfaces \_\_\_\_\_ Soft surfaces \_\_\_\_\_

8. Does your pet seem restless or fidgety? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, is it:

All the time? \_\_\_\_\_

Worse in the evening/night time? \_\_\_\_\_

9. Does your pet rub his or her face? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, does he or she rub:

All of the face? \_\_\_\_\_

Mostly the corners of the mouth and lips? \_\_\_\_\_

10. How is your pet's energy? Normal \_\_\_\_\_ Decreased \_\_\_\_\_

If you answered decreased, does your pet's energy level:

Get better as the day moves on? Yes \_\_\_\_\_ No \_\_\_\_\_

Get worse as the day moves on? Yes \_\_\_\_\_ No \_\_\_\_\_