

# New Patient Information Form

Please fill out these forms as completely as possible. All information on this form is confidential and will not be released to third parties without your written consent. Please print.

Patient			
Owner's full name		Dog's name	
Address		Breed	
City		State:	ZIP:
Dog's Date of birth		Age:	
Phone Numbers	Home:	Work:	Cell:
Email Address	May we use email to contact you? Y N		
Dog's Vet name	Phone		
Has your dog had acupuncture before?			
Has your dog taken Chinese herbs before?			
Who may we thank for referring you?			

**This section MUST be filled out. Please state the reason you feel your pet needs acupuncture. List symptoms and ailments.**

Reason for today's visit?	
When did this condition start?	
Is it getting worse?	
How did it start?	
What seems to make it better?	
What seems to make it worse?	

Major Vet Visits	Year	Illness/Surgery	Name of Veterinarian	City & State
Most Recent				
Next Most Recent				
Third Most Recent				

**Please list any medications your dog is currently taking:**

Name of Drug	Dosage & Reason for taking it

**Is your dog aggressive?**

**Does your dog need to wear a muzzle when going to the veterinarian?**