Please list any herbs, vitamins and nutritional products your dog is taking:

Name of Herb or Product	Why is your dog taking this?

_____

Who will be financially responsible for this account? How will you pay for services?

_____

I have answered this questionnaire to the best of my recollection and knowledge, and I hereby request and consent to acupuncture treatments and other procedures associated with Traditional Oriental Medicine for my dog.

I understand that fees for treatment are due at time of service.

_____ _____

Date **Signature of Dog Owner**

Please list any herbs, supplements and remedies your pet is on.

Please list what your pet eats. The brand of food, dry? Wet?
Type meat, treats and snacks.