ARBOR VIEW VETERINARY CLINIC

Acupuncture Intake Form

Pet's Name_____

Owner's Name _____

Pet's Constitution: ___Fire, Earth, Wood, Water, Metal

Please circle all that apply to describe your pet when he/she is healthy

Fire

Friendly Hyper Excitable Nervous/Spooky Very Sensitive

Loves company of others Playful Vocal Attention seeking Active

Likes to travel Enjoys grooming Nervous/anxious

Earth

Easy going Lazy Eager to please Mellow Baby-sitter Obedient

Loves/craves food Dependable Pushy Worries Gets along with others

Consistent

Metal

Quiet Confident Disciplined Reliable Stoic Follows rules

Clean/well groomed Rigid Dislikes touch Impersonal Unemotional

Water

Nervous Spooks easily Not confident Becomes aggressive when fearful

Dislikes touch Fearful Antisocial/solitaire Cowers

Wood

Active Athletic Aggressive Likes to win Controlling/bossy

Confident Impatient Bites/strikes Irritable Dominant

Difficult to train Stubborn

Please check any of the following conditions that your pet has
Currently –Mark 'C'
Previously Mark 'P'

Overheats_____ Heart Problems_____ Hives_____ Separation Anxiety_____

Excessive Drinking_____ Restlessness_____ Weight Gain_____ Dental

Problems_____ Diarrhea_____ Vomiting_____ Insatiable Appetite_____ Skin Masses_____

Asthma_____ Diabetes_____ Constipation_____ Nasal Discharge_____ Chronic cough_____

Dry coat_____ Urinary Problems_____ Back Pain_____ Easily Chilled_____ Insatiable

Thirst_____ Loss of hearing_____ Arthritis_____ Tendon/Ligament Problems_____

Neurosis_____ Skin Allergies_____ Liver Problems_____ Eye Problems_____ Hot Spots_____

What is your pet's primary concern? What is the duration of this problem?

Other historical health or mental problems?

Current diet including treats?

Current supplements and medications?

What time of the day is your pet at his/her best?
What time does your pet suffer most from any ailments/problems?

Does your pet exhibit any sensitivity or are the ailments most pronounced when there is exposure to:
Wind_____ Dampness_____ Dryness_____ Heat_____ Cold_____

Does your pet prefer warm or cool areas?

Is there excessive panting? Or excessive thirst?

Does your pet sleep well through the night? Does he/she bark or move while sleeping?

Any stomach or intestinal issues? Good appetite?

Does your pet have a “job”? If so, what?

Any hot or painful areas? Signs of weakness?

Any changes in behavior? Any changes in thirst, appetite, stool, urine? Any changes in sound of voice?

Describe the home environment:
Number of family members (people and pets):

How does your pet relate with family members?

How does your pet relate to other people and animals?

Average number of hours spent with pet?

What are your pet’s favorite activities?

Have you or your pet had acupuncture before?

What are your goals with the acupuncture treatments?