

Client Name _____ Patient Name _____ Acct # (clinic use only) _____

Acupuncture Drop-off Form

Please circle the number that best represents your pet's recent habits.

Appetite: 1 2 3 4 5 6 7 8 9 10
1=Very Little 5= Normal 10=Excessive

Energy: 1 2 3 4 5 6 7 8 9 10
1=Very Little 5= Normal 10= Excessive

Thirst: 1 2 3 4 5 6 7 8 9 10
1= Very Little 5= Normal 10= Excessive

Stool: 1 2 3 4 5 6 7 8 9 10
1= Very Loose/Watery 5= Normal 10= Very Firm/Dry

Have there been any changes to your pet's medication? Yes No

If yes, what?

Do you have any concerns or questions following your pet's last acupuncture treatment?

Do you give us permission to perform Hands on Healing (an energy technique for stress reduction) if needed in conjunction with your pet's acupuncture treatment? Yes No Initial _____

Number to call when your pet needs to be picked up: _____