MVH Acupuncture Intake Form for Clients and Doctors

PART I: Completed by Animal Caregiver (Owner)

Animal Species: □ Canine □ Feline □ Other_____	**Animal Name:**	**Animal Breed:**	**Animal Age:**	**Animal Weight:**

Client Name:	**Client Phone #:**	**Client Email:**	**Today's Date:**	**Date of Scheduled Appt:**

***Has your pet ever shown aggression toward:** □ Other Animals □ People **If yes to either, please explain:**

When was your pet's most recent rabies vaccine?(If more than 3 yrs, booster is required)* □ Less than 3 years ago □ More than 3 years ago

Medical History: (please use additional sheets if needed)

Main Complaint(s):

Symptoms:	Normal	Increased	Decreased	Other
Voice	□	□	□	_____
Activity Level	□	□	□	_____
Sleep	□	□	□	_____
Temp. Preference	□	□	□	_____
Food Intake	□	□	□	_____
Water Intake	□	□	□	_____
Stool	□	□	□	_____
Urination	□	□	□	_____
Vomiting	□	□	□	_____
Cough	□	□	□	_____
Stiffness	□	□	□	_____

PART II: Completed by Veterinarian

Physical Exam

Name of Doctor:	**Date of Exam:**

Tongue:	**Pulse:**	**Sensitive Points on Palpation:**

Shen:	*Explanation:*	**Coat:**		**Paws:**	
□ WNL	_____	□ WNL	□ Dandruff	□ WNL	□ Pustule
□ Disturbed	_____	□ Alopecia	□ Moist	□ Dry	□ Cracked
□ Poor		□ Dry		□ Warm	□ Moist
					□ Cold

Ears:		**Eyes:**		**Gums/Lips:**	
□ WNL	□ Itching	□ WNL	□ Yellow	□ WNL	□ Ulcers
□ Warm	□ Discharge	□ Pale	□ Swollen	□ Pale	□ Swollen
□ Cold	□ Malodorous	□ Red	□ Itching	□ Red	□ Bloody
	□ Pustule		□ Discharge		□ Malodorous

Nose:	
□ WNL	□ Depigmentation
□ Wet	□ Bloody
□ Hot	□ Dry
□ Discharge	□ Cold
	□ Malodorous

Other/Notes:

Treatment

Diagnosis:	**Acupuncture:**

Prescribing Veterinarian's Signature:	**Today's Date:**

PART III: Office Use Only

Invoice #:			