



Acu-Care

MOBILE ACUPUNCTURE SERVICES

Acupuncture Herbal Medicine Whole Food Nutrition Holistic Animal Care

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INTAKE FORM FOR CATS

Your name: _____ Date: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Email: _____

Work Phone: (____) _____ Cell: _____

What is your preferred method of contact: Call Text Email

May I leave voicemail/text messages/emails regarding appointments? Yes No

Your cat's name is: _____

Cat Breed: _____ Cat age: _____

Please supply any relevant history (medical and/or behavioral) regarding your cat's problem: _____

Please list any medications or supplements your cat is taking and why: _____

Please take your time with the following questions. Your answers help to determine what your cat's 'type' is according to Oriental Medicine Principles. This information leads to the best overall result in treatment. Please mark the box that best fits your answer.

1. My cat's symptoms occur or worsen at the following time of day: (please check)

3am-7am	7am-11am	11am -3pm	3pm-7pm
7pm-11pm	11pm-3am		

2. My cat's symptoms occur or worsen during which season:

Spring	Summer	Fall	Winter
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3. My cat's symptoms are worse with the following:

Wind	Dampness	Dryness	N/A
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Mood/Behavior

1. My cat acts: Angry Restless Fearful of strangers/noises Depressed
 Worried Anxious/Hyperactive Bullies other animals Other_____

2. My cat's energy level is: Normal High Low

3. My cat's tolerance to heat is: Normal High Low

4. My cat's tolerance to cold is: Normal High Low

Digestion/Elimination

1. My cat's appetite is: Normal High Low

2. My cat's thirst is: Normal High Low

3. My cat vomits: Rarely Sometimes Often How often_____

4. How many times a day does your cat have a bowel movement?

0-1	1-2	2-3	3+
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5. The stool's texture is: Over dry Formed Loose Diarrhea

