



Acu-Care

MOBILE ACUPUNCTURE SERVICES

Acupuncture Herbal Medicine Whole Food Nutrition Holistic Animal Care

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INTAKE FORM FOR DOGS

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 dog's name is: _____

Dog Breed: _____ Dog age: _____

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

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

Please take your time with the following questions. Your answers help to determine what your dog'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 dog's symptoms occur or worsen at the following time of day: (please circle)

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

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

Spring Summer Fall Winter

3. My dog's symptoms are worse with the following:

Wind Dampness Dryness N/A

Mood/Behavior

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

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

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

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

Digestion/Elimination

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

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

3. My dog vomits: Rarely Sometimes Often How often_____

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

0-1 1-2 2-3 3+

5. The stool's texture is: Over dry Formed Loose Diarrhea

