



***A path to a healthy bond between you and your pet***

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## Acupuncture Intake Form

To help us provide the best care for you and your pet, please read and complete the following:  
*Please complete and attach additional forms if extra room for answers is needed!*

Owner's Name:

Date:

Pet's Name:

*If your pet's medical care is provided by a veterinary clinic other than Animal Tracks Veterinary Service please have their complete medical history sent via fax to (608)637-8830 or e-mail animaltracksvet@mwt.net*

Major Concerns/Reason for your visit:

Current Diet/Medications/Supplements:

Allergies (including food, medications):

Has your pet had any treatments for the condition you are seeking acupuncture services for? If yes, please explain:

What are your goals and expectations?

Does your pet have difficulty with any of the following (check all that apply):

- Using stairs       Running / Jumping / Playing       Walking up or down an incline/hill  
 Getting on/off couch/bed       Getting in/out of the vehicle       Posture to Urinate or Defecate

Does your pet experience any stiffness?      Acute      Chronic      None

- If yes, is stiffness worse:       in morning       in evening       when cold       when hot  
 when damp       with exercise       when first gets up then better

Does your pet prefer:

- Shade or cool locations (concrete/tile)       Sun or warm locations (carpet)       No preference

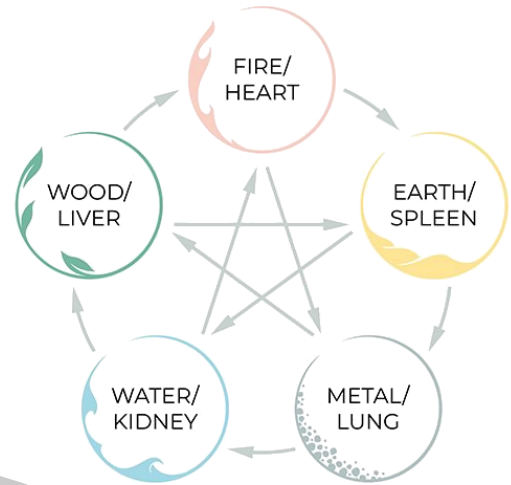


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Check the boxes that best describe the current symptoms & dispositions of your pet:



Fire	
Normals	Abnormals
<input type="checkbox"/> lively <input type="checkbox"/> communicative <input type="checkbox"/> very friendly <input type="checkbox"/> affectionate <input type="checkbox"/> loves to be petted <input type="checkbox"/> center of the party	<input type="checkbox"/> insomnia <input type="checkbox"/> separation anxiety <input type="checkbox"/> restless <input type="checkbox"/> excess heat <input type="checkbox"/> rapid heart rate <input type="checkbox"/> heart problems

Earth	
Normals	Abnormals
<input type="checkbox"/> relaxed, laid back <input type="checkbox"/> sociable <input type="checkbox"/> round and large <input type="checkbox"/> loyal <input type="checkbox"/> serene and balanced <input type="checkbox"/> cares for others	<input type="checkbox"/> diarrhea <input type="checkbox"/> constipation <input type="checkbox"/> loss of appetite <input type="checkbox"/> vomits <input type="checkbox"/> gum disease <input type="checkbox"/> weak muscles <input type="checkbox"/> overeats / obese <input type="checkbox"/> worries

Wood	
Normals	Abnormals
<input type="checkbox"/> decisive <input type="checkbox"/> assertive <input type="checkbox"/> confident <input type="checkbox"/> strong <input type="checkbox"/> impulsive <input type="checkbox"/> athletic-stamina <input type="checkbox"/> alpha animal	<input type="checkbox"/> ligament problems <input type="checkbox"/> liver problems <input type="checkbox"/> red eyes <input type="checkbox"/> angers easily <input type="checkbox"/> ear problems <input type="checkbox"/> nail problems <input type="checkbox"/> footpad problems <input type="checkbox"/> anal sac issues

Metal	
Normals	Abnormals
<input type="checkbox"/> loves order <input type="checkbox"/> obeys the rules <input type="checkbox"/> aloof <input type="checkbox"/> symmetrical body <input type="checkbox"/> disciplined attitude <input type="checkbox"/> good haircoat	<input type="checkbox"/> asthma <input type="checkbox"/> dry skin <input type="checkbox"/> sinus problems <input type="checkbox"/> breathing disorder <input type="checkbox"/> nose problems <input type="checkbox"/> cough

Water	
Normals	Abnormals
<input type="checkbox"/> careful <input type="checkbox"/> curious <input type="checkbox"/> self contained <input type="checkbox"/> likes to hide <input type="checkbox"/> meditative <input type="checkbox"/> slow and consistent	<input type="checkbox"/> rear weakness <input type="checkbox"/> fearful <input type="checkbox"/> bone & back issues <input type="checkbox"/> urinary problems <input type="checkbox"/> disturbed growth <input type="checkbox"/> deafness <input type="checkbox"/> reproductive problems