



# harmonyVet

Acupuncture and Spine Care

1. Describe your concerns for making an appointment with us? \_\_\_\_\_
2. Musculoskeletal problems with your pet:

	No problem	A little	Quite a bit	Severe	Impossible	Never
Maintaining standing position						
Walking						
Running						
Jumping						
Positions self to urinate or defecate						
Getting up						
Lying down						
Sitting						
Rolling over						
Climbing stairs						
Descending stairs						
Getting on/off couch or bed						
Getting in and out of your car						
Dragging foot when walking *Which foot:						
Problem worse in	AM After Walk	PM Before Walk	Cold Weather	Hot Weather Rainy Day	Not Sure Season: _____	

2. Pain score: from 0 to 10 (0 is no pain; 10 is most painful), what number do you rate for your pet's pain: \_\_\_\_\_
  3. Quality of life: from 0 to 10 (0 is worst; 10 is best), what number do you rate for your pet's quality of life: \_\_\_\_\_
  4. Anxiety Score: from 0 to 10 (0 is normal; 10 is severe), what number do you rate for your pet's anxiety: \_\_\_\_\_
  5. Itching Score: from 0 to 10 (0 is no itch; 10 is worst), what number do you rate for your pet's itchiness: \_\_\_\_\_
- The itching is worse in: Morning      Evening      Cold weather      Hot weather      Season \_\_\_\_\_

Drug & Supplement Name, Dosage & Frequency	Do you think it helps your pet?				
<i>Example: Carprofen 75mg, ½ tab at night</i>	A Great Deal	Much	Somewhat	Little	Never
	A Great Deal	Much	Somewhat	Little	Never
	A Great Deal	Much	Somewhat	Little	Never
	A Great Deal	Much	Somewhat	Little	Never
	A Great Deal	Much	Somewhat	Little	Never
	A Great Deal	Much	Somewhat	Little	Never
	A Great Deal	Much	Somewhat	Little	Never
	A Great Deal	Much	Somewhat	Little	Never

6. What do you feed your pet? \_\_\_\_\_ How much/how often? \_\_\_\_\_

- Appetite?      Normal      Decreased      Finicky      Ravenous      \_\_\_\_\_
- Water intake?    Normal      Drinks very little      Always thirsty      \_\_\_\_\_
- Urination?      Normal      Strong odor      Bloody      Incontinent/leakage      \_\_\_\_\_
- Defecation?      Normal      Dry      Loose      Incontinent/leakage      \_\_\_\_\_
- Constipated      Diarrhea, how often?      \_\_\_\_\_

7. Does your pet

- Vomit?      No      Yes, how often      \_\_\_\_\_
- Diarrhea?      No      Yes, how often      \_\_\_\_\_
- Cough?      No      Yes, how often      \_\_\_\_\_
- Sleep at night?      Well      Not well, what time(s) he/she wakes up      \_\_\_\_\_
- Panting?      Always      Sometimes      No      \_\_\_\_\_
- Prefer      Cool area      Warm area      Neither      \_\_\_\_\_

8. Does your animal have specific needs?      Working dog,      agility dog,      show dog,      companion  
Other

9. Does your animal co-mingle with other animals?      Housemate,      boarding,      grooming,      dog parks

10. How does your dog interact with animals?    Friendly    aggressive    shy    scared    aloof
11. How does your dog interact with people?    Friendly    aggressive    shy    scared    aloof
12. Please describe anything that makes your pet nervous such as thunderstorms, fireworks, strangers, noises, separation anxiety, etc \_\_\_\_\_
13. Please describe your pet's energy level \_\_\_\_\_
14. Has your pet ever been diagnosed with cancer? \_\_\_\_\_ If so, please explain \_\_\_\_\_
15. Is there any other information you would like to share about your pet? \_\_\_\_\_
16. What is your primary goal for your pet now? (for example: comfort, mobility, strength, wean off drugs, relieve side effects, quality of life, etc.) \_\_\_\_\_

Client name

Patient name:

Breed

Birth Date

Male

Female

Intact

Neutered