



300 Unionville-Indian Trail Rd.
Indian Trail NC 28079

Phone: 704-821-7161

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carolinavetrec@gmail.com

Please complete this document and email or fax it back to us at least 24 hours prior to the initial acupuncture treatment

Contact Information:

Owner/ 1st Contact Name	
Email	
Address	
Cell Phone	
Secondary Contact Name	
Relation to Primary	
Secondary Email	
Secondary Phone	
Primary Veterinarian	

Patient Information:

Patient Name	
Breed	
Birthdate/Age	
Gender	
Spayed/Neutered?	

Past surgeries or major medical history that we should be aware of:

May we use your pet's picture in promotional or educational materials, including on social media and the web?

Yes No

List all medications your pet is currently taking with dosage & frequency (including supplements):

History: For questions without a response line, circle, underline, or highlight your answer(s).

When did symptoms start?

How long have they been going on?

When do symptoms occur? (Seasonally, hourly, other?)

Energy level: Better in morning/evening/can't tell.

Temperature preference: shade or tile/sunny or carpet/no preference.

Thirst: normal/increased/decreased/frequent small sips.

Appetite: normal/increased/ravenous/decreased/finicky.

Vomiting: none/food/fluid/noisy/silent/frequent/sporadic/morning/evening/how long after eating.

Stool: Normal/diarrhea/constipation/mucous/blood/incontinence/gas/smelly/color.

Bowel Movement Frequency:

Urine: normal/increased/decreased/pale/yellow/dark/bloody/smelly/incontinence/retention/pain.

Behavior: relaxed/happy/hyperactive/outgoing/confident/quiet/timid/angry/fearful/sad/worried/ caring/loyal/friendly/aggressive.

Pain/stiffness: none/worse with rest/exercise/hot/cold/damp/morning/evening/better in the morning/how long has it been going on?

Sleep: normal/increased/decreased/restless/vocalizes/dreams/location.

Cough: dry/wet/loud/soft/productive-foam/phlegm/daytime/nighttime, worse at night.

Diet: Dry kibble/canned/homemade/raw/cooked.

Respiration: normal/heavy/strong/weak/shallow/out of breath on walks.

Exercise: normal/lots/too little/intolerant – quits or refuses.

What areas does your pet like to be massaged? Dislikes?

Does your pet have any allergies (environment or food)?

Are they itching? If so, where on the body?

General Medical Issues (circle or highlight all that apply):

1. Separation anxiety, heart problems, insomnia, thunderstorm phobia, restlessness, tachycardia, fever, pants a lot.
2. Problems with liver, ligaments, eyes, ears, nails, footpads, anal glands, aggression, seizures.
3. Loss of appetite, constipation, diarrhea, vomiting, overweight, gum disease, weak muscles, anxiety.
4. Urinary issues, back pain, bone or growth issues, weak in rear end, fearful, deaf, reproductive problems, arthritis, teeth problems, ear problems.
5. Asthma, sinusitis, coughing, breathing problems, nose problems, dry skin, sneezing, nasal discharge, weak voice.

Other Pertinent Symptoms, Signs, or Tendencies: Please use this space to describe, in as much detail as you like, the concerns you have with your pet's health.

I confirm that I am 18 years or older and am the owner or authorized agent for the owner, of this pet and I have the authority to execute this consent to treat. I hereby give Veterinary Rehabilitation and Exercise Clinic of the Carolinas (Vet-REC), and any authorized agents, staff, or representatives, consent, and authority to examine, prescribe for and treat my animal. The techniques used during acupuncture are gentle, minimally invasive, and incorporate patient stress reduction. Alternative modalities do not necessarily replace conventional medicine, but instead, supplement and many times improve your pet's outcome. Alternative therapies are considered investigative by conventional western medicine. Like mainstream medicine, alternative therapies have inherent risks, potential complications, and no guarantee of success. Risks are rare and can include complications such as drowsiness, incontinence, infection, broken needles under the skin, needle ingestion, and bleeding. I expect that reasonable precautions will be used to ensure my pet's safety and well-being while in Vet-REC's care. Please do not hesitate to ask for more information or a more detailed explanation of the alternative therapies utilized at any time.

If an emergency arises, I authorize Vet REC to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well-being of my pet. I understand I will be responsible for all charges incurred at checkout. For boarding or drop-off patients, any pet not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered abandoned, and becomes the property of Vet-REC and handled according to our best judgment. I am accepting financial responsibility for all clinic charges and any fees associated with the collection of any unpaid balances. I understand that these charges must be paid at the time of release, a deposit may be required for treatments, pre-paid packages are non-refundable, and Vet-REC does not accept checks.

Signature

Date