

Acupuncture Questions

Please answer the following about your pet and circle all applicable answers. Thank you!

- 1) **Appetite?** Normal Finicky Poor Appetite Ravenous
 - 2) **Drinking/Water intake?** Drinks a lot Decreased drinking Doesn't drink
 - 3) **Feces Consistency?** Dry Constipated Soft Loose/watery
Bloody Mucousy
 - 4) **Urine Characteristics?** Watery Dark Bloody
Small amounts Large volume
 - Any Urine Leaking?** Yes No
 - 5) **Any Sneezing/Coughing?** Yes No During the Day At Night
Wet Dry Weak Loud
 - 6) **Voice (Bark or Meow)** Weak Loud Normal
 - 7) **Sleeping Habits?** Sleeps More Sleeps Less Problems falling asleep
 - 8) **Any Dreaming (Twitching/shaking while asleep)?** Yes No
 - 9) **Energy/Stamina?** Very Active Less Active Tires Easily Normal
 - 10) **Fear of Loud Noises/Sudden Movements?** Yes No
 - 11) **Preference for warm or cold places?** Warm Cold
 - 12) **Restless or Fidgety?** Yes No At night During the day
 - 13) **Overall emotional state?** Irritable Hides more Happy Scared Calm
Excited Prefers to be alone
 - 14) **Normal Diet?** Dry food Wet Food Table Scraps Home Cooked Diet
Supplements/Vitamins/Medications
- Main Protein Source of Diet:** Chicken Beef Turkey Fish Lamb Other

Please bring this completed form to your appointment or you can email it to dr.johnson@ccvh.com.