

# New Patient Information Form

Please fill out these forms as completely as possible. All information on this form is confidential and will not be released to third parties without your written consent. Please print.

## Patient

Owner's full name		Dog's name	
Address			
City		State:	ZIP:
Dog's Date of birth		Age:	
Phone Numbers	Home:	Work:	Cell:
Email Address		May we use email to contact you? Y N	
Dog's Vet name		Phone	
Has your dog had acupressure, laser therapy, Reiki or massage before?			
Has your dog taken Chinese herbs before?			
Who may we thank for referring you?			

## Today's Visit

Today's Date	
Reason for today's visit?	
When did this condition start?	
Is it getting worse?	
How did it start?	
What seems to make it better?	
What seems to make it worse?	

Major Vet Visits	Year	Illness/Surgery	Name of Veterinarian	City & State
Most Recent				
Next Most Recent				
Third Most Recent				

**Please list any medications your dog is currently taking:**

Name of Drug	Dosage & Reason for taking it

Please list any herbs, vitamins, and brand of food your dog is taking:

Name of Herb or Product	Why is your dog taking this?

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**Cancellation Policy**

We understand that emergencies, illness and unexpected events happen occasionally in everyone’s life. In our desire to be effective and fair to all clients we have the following policies:

**Late Arrivals**

*Please try to arrive at least 5 minutes before your session!*

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, we will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment given, you will be responsible for the “full” session fee.

**Cancellations**

We require a 24-hour notice to cancel or reschedule any appointment. If we do not receive a 24-hour notice, you will be expected to pay a late cancellation fee. **No Shows will be charged the full session fee.**

**Please note the owner must be in the room at all times during the session. All phones and electronic devices must be turned off during the treatment.**

I have answered this questionnaire to the best of my recollection and knowledge, and I hereby request and consent to acupressure and laser treatments and other procedures associated with Traditional Oriental Medicine for my dog. I have read the cancellation policy.

I understand that fees for treatment are due at time of service.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Dog Owner**