

Acupuncture Questionnaire

Thank you for coming to see us at **Rainbow Animal Hospital**. Due to current social distancing, we are only allowing patients into the hospital at this time. In order to help us get to know your pet better, please fill out the questionnaire down below. Please be as thorough as possible. While some of these questions may seem odd, they are helpful in our acupuncture treatment.

Date: _____

Pet's name: _____

- 1.) Reason for acupuncture?
- 2.) Any other medical problems?
- 3.) How long has your pet been experiencing these problems?
- 4.) How is your pet's appetite?
- 5.) Describe your pet's bowel movements?
- 6.) Does your pet have gas/flatulence?
- 7.) How often does your pet drink water?
- 8.) How is your pet's energy?
- 9.) When are your pet's energy spurts (morning or night)?
- 10.) Does your pet prefer to lay in cool or warm areas? (does he/she prefer sun or cool tile?)
- 11.) Does your pet prefer to lay on soft surfaces or hard surfaces to sleep?
- 12.) What are your pet's sleeping habits?
- 13.) Does your dog dream at night?
- 14.) Describe your pet's personality? (bossy, calm, fearful, hyper...)