

Belton Animal Clinic and Exotic Care Center

Acupuncture Questionnaire

Is your pet vomiting? ___yes ___no; if yes, please describe how often and if it is food or fluid
What color is the vomitus?

Does your pet have a pacemaker? _____

Does your pet have seizures? _____ If yes, how frequent?

Frequency and description of stools/defecation _____

Does your pet have any gas issues? _____

How is your pet's appetite? _____

If appetite is poor, what time of day is it the worse? _____

What is the frequency of urination? _____

What is the color and/or odor of urine? _____

Is your pet unusually thirsty? _____

How is your pet's mobility? _____ If problems please answer the following questions:

What time of day is it the worst? _____

Worse with exercise? _____

Worse in cold weather? _____ Worse in hot weather? _____

Is your pet sleeping well? ___yes ___no; if not, please describe behavior _____

Is your pet dreaming during sleep? ___yes ___no

Does your pet have trouble staying asleep? ___yes ___no

Does your pet prefer cooler or warmer temperatures? ___cooler ___warmer ___does not seek heat or cool

How would you describe your pet's personality now? (Please circle)

Happy Sad Angry Calm/Quiet Hyperactive

How would you describe your pet's personality before illness? (Please circle)

Happy Sad Angry Calm/Quiet Hyperactive

Is your pet a (circle one)

worrier timid aloof confident aggressive need to be center of attention