



New Client Information

Today's Date: _____
Your Name: _____
Your Email: _____
Your Address (including Zip Code): _____

Regular Veterinary Clinic and Veterinarian: _____ Do
you give permission for Grey Paws Acupuncture and Rehabilitation to contact your regular veterinarian to have
your pet's records emailed to Grey Paws Acupuncture and Rehabilitation? Yes _____ No _____
How did you hear about Grey Paws Acupuncture and Rehabilitation? _____

Your Spouse/Partner Name: _____
Your Spouse/Partner Email: _____
Landline Phone: _____
Cell Phone #1: _____ Cell
Phone #1 belongs to: _____ Cell
Phone #2: _____ Cell
Phone #2 belongs to: _____

All invoices, receipts, exercise recommendations, and other correspondence will be sent via email.

*I prefer to receive written/printed copies of the above _____

I would prefer appointment reminders via:

Text _____ which cell phone? _____

Email _____

Your Pet's Information

Pet's Name: _____
Type (dog or cat): _____
Breed: _____ Birthdate
(or age if birthdate is unknown): _____
Sex: Male _____ Female _____ Neutered/Spayed? _____
Date of last Rabies Vaccination (please provide a rabies certificate or vaccine records from your veterinarian):

If your pet is used for breeding, what genetic screening has been done on your pet?

SERF _____
OFA _____ or Penn Hip _____
OFA Thyroid _____
DM Testing _____

Other _____

Medical History (Please include current illnesses/diseases and what brings you to see Grey Paws Acupuncture and Rehabilitation):

Has your dog/cat had any treatments for the condition you are seeking rehabilitation and/or acupuncture services:

Yes _____ No _____

If yes, please explain: _____

My pet eats: _____

What brand? _____

How many cups of dry food/ day? _____

If wet food, what brand? _____

How many cans per day and what size cans? _____

Homemade diet: _____

Raw Diet: _____

Prescribed medications, dosage and frequency: (Ex: Rimadyl, 25 mg once a day)

Supplements (include herbs, vitamins, glucosamine, homeopathics, or other supplements):

Is your pet:

_____ Pregnant

Does your pet have:

_____ A pacemaker

_____ A bleeding disorder (or history of a bleeding disorder, for example: thrombocytopenia, anemia (IAHA),

VonWillebrands, other

_____ A skin infection

_____ Any tumors or other cancers (either currently or a history of)

_____ Seizures (either currently or a history of)

What is your pet's job?

_____ House pet

_____ Sporting or competitive dog. If so, what sport? _____

_____ House pet that hikes/skis or performs other athletic events but not in competition. If so, what activities and the frequency? _____

What motivates your pet? Treats, toys, or other (please describe):

Does your pet have any food or other allergies? ___ Yes ___ No

If yes, please explain _____

Does your pet have any behavioral problems (fear, biting or jumping up) that we need to know about? Please be honest, this keeps us all safe! ___ Yes ___ No

If yes, please explain _____

What are your goals for rehabilitation/acupuncture therapy for your pet (check all that apply):

- ___ More comfortable from arthritis or other painful condition
- ___ Improved quality of life in his/her senior years
- ___ Better function/stronger
- ___ Return to backyard games (ball playing, running or hiking with you)
- ___ Weight loss
- ___ Improved function and recovery from neurologic disease
- ___ Return to sport
- ___ Other (Please explain) _____

Please indicate your level of agreement with each statement:

	Always	Regularly	Sometimes	Rarely	Never
My pet limps					
My pet is able to use stairs (up and down)					
My pet drags his/her feet or knuckles his/her paws when walking					
My pet is able to run					
My pet is able to walk on level ground					
My pet is able to walk up an incline/hill					
Able to walk down an incline/hill					
Able to get in and out of the car/truck					
My pet sleeps comfortably					
Able to get on and off a couch/bed					
My pet has a good appetite					
My pet is excited to see me					
My pet seems stiff or sore					
My pet has difficulty moving after a period of rest					
My pet has difficulty moving after a period of exercise					
My pet struggles to rise and/or lie down					
My pet licks his/her limbs					
My pet avoids being touched					
My pet seems anxious					
My pet can posture to urinate and/or defecate normally					

Are there stairs in your home, or to go out to go to the bathroom?

___ Yes ___ No If so, how many? _____

Are the floors in your home (check all that apply):

___ Carpet ___ Hardwood ___ Tile/Slate or stone ___ Linoleum

Is your dog leash trained (can she/he walk at a heel)?

___ Yes ___ No

How often do you usually leash walk your dog?

___ 2 or more times per day

___ Daily

___ 1-2 times per week

___ Rarely

How long/far do you walk at one time? ___ Minutes ___ Miles

How often do you hike/bike/run/walk without a leash with your dog (if applicable):

What type of collar or harness do you use to walk your dog?

Home Exercise Plan Questions

(These questions will help me to create an appropriate Home Exercise Plan for you and your pet if needed)

Honestly, how much time per day/per week can you devote to rehab (a home exercise program)? I will adjust "homework" accordingly, so please be honest. This will be explained further at your first appointment.

___ 20 min 2 x day

___ 20 min daily

___ 20 min every other day

___ 20 minutes weekly

Who in the household will be responsible for rehab exercises at home?

Do you have children? What ages? Will they be involved in rehab at home? _____

Knowing your abilities and limitations help me create a home plan that is realistic for your pet. Protecting your body while working with your pet is just as important as the exercises themselves. I can:

___ Get on and off the floor with my dog

___ Kneel and work with my dog without pain

___ Walk my pet in uneven terrain

___ Lift the front of my dog up onto the couch or a chair

___ Bend over my pet comfortably for 2 minutes while standing

Are there any other problems or concerns that you would like to mention?

If you have any questions about this form, please email me at

greypawsacupuncture@gmail.com .

Thank you again and I look forward to meeting you and your pet at your initial consult appointment!

Dr. Kori Dreitlein