

Atlanta Center for Animal Osteopathy

80 Interstate South Dr., Suite B
Jasper, GA 30143
Main office phone: 678-454-0202
admin@acao.vet

Client name (yours) _____ Date: _____

Home address: _____

City: _____ State: _____ Zip: _____

Best phone number to reach you: _____ Is this a mobile? _____

Email: _____

Who can we thank for referring you? _____

We accept the following: *Cash, Checks, Mastercard, Visa, Discover, American Express*
Payment is due when services are rendered.

We reserve the right to charge a \$5 convenience fee on card purchases.

There will be a \$95 missed appointment fee for appointments cancelled without 24 hour notice.

Pet's Name: _____ Male Female Spayed or Neutered? Yes No

Breed _____ Age _____ Color/Description _____

For intact females, describe heat cycle with length of last cycle: _____

Most recent weight if known: _____

Name/Number/Email of Previous Veterinarian _____

Please be advised we will need previous veterinarian and specialist records emailed at least 24 hours before appointment, including x-rays, lab work, date of last fecal testing with results and date of last heartworm test.

Date of last fecal: _____ Neg? Date of last heartworm test: _____ Neg?

Date of last Rabies vaccination _____ 1 Year Vaccine 3 Year Vaccine

Has your companion ever had a reaction to a vaccine? Please describe age at time of reaction and symptoms: _____

How long have you owned your companion? _____

How old was he/she when you acquired him/her? _____

Where did you acquire your companion? _____

Why did you choose him/her? _____

What are your expectations from Alternative Medicine? _____

Please list any medications with dosages:

_____	_____
_____	_____
_____	_____
_____	_____

Please list any vitamins or supplements with dosages:

_____	_____
_____	_____
_____	_____
_____	_____

Please describe your companion's daily feeding schedule including amounts and treats:

How well does your companion eat or drink? _____

Date/location of last dental cleaning: _____

Please list any dental issues: _____

List any lameness issues (past and present) _____

List any overt fears: _____

What other animals share a home with this companion? _____

Name/Species/Breed/Age/Color/Description _____

Is there anything else we need to know about your companion?

Please check all that apply (Currently or in the past):

- Aggression
- Anxiety
- Fears (Loud noises, thunder)
- Stubbornness
- Mounting
- Excessive vocalizing
- Hyper/ Short attention span
- Destructive behaviors
- Eating indigestibles (paper, plastic, dirt, stool)
- Digging
- Lethargy
- Depression
- Grief
- Irritability
- Dislike of rain/ getting feet wet
- Resistance to baths
- Anal gland issues
- Squinting eyes/ forehead
- Eye discharge
- Dull eyes
- Blindness
- Ear discharge
- Deafness
- Shaking ears
- Nasal discharge
- Discoloration of nose
- Discoloration of teeth
- Breath odor
- Staining around mouth
- Loss of voice
- Coughing
- Gagging
- Heart problems
- Sneezing
- Reverse sneezing
- Breathing problems
- Biting
- Snoring/ wheezing
- Panting
- Vomiting
- Car sickness
- Stool inconsistencies
- Sleeplessness
- Painful abdomen
- Excessive thirst
- Excessive appetite
- Decreased appetite
- Penis/ vaginal discharge
- Urinary issues
- Vertigo/ dizziness
- Extremity pain
- Weakness
- Brittle nails
- Dander
- Swelling/ tumors
- Redness
- Itching
- Licking
- Biting feet/nails
- Greasiness
- Eruptions
- Pimples
- Hot spots
- Hot natured
- Cold natured
- Reaction to anesthesia
- Reaction to Drugs/herbs
- Any other unusual/peculiar behaviors?

Please Describe: