

**ACUPUNCTURE REGISTRATION**

**CLIENT INFORMATION**

Primary Contact \_\_\_\_\_  
Alternate Contact \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Telephone ( ) \_\_\_\_\_  Home  Work  Cell  
Secondary Telephone ( ) \_\_\_\_\_  Home  Work  Cell  
E-mail Address \_\_\_\_\_

**PATIENT INFORMATION**

Name \_\_\_\_\_ Breed \_\_\_\_\_  
 Male or  Neutered Male  Female or  Spayed Female  
Date of Birth \_\_\_\_\_ Color/Markings \_\_\_\_\_  
Are you this pet's owner?  Yes  No Is this pet co-owned?  Yes  No  
If yes, co-owner's name \_\_\_\_\_  
Co-owner's relationship to you  Spouse  Partner  Breeder  Other \_\_\_\_\_

**VACCINE/TITER HISTORY**

Is your pet current on vaccinations?  Yes  No  
If yes, please provide certification of vaccine. If you do not have certification, we will verify with your primary care veterinarian.

**PRIMARY CARE VETERINARIAN/HOSPITAL INFORMATION**

Veterinarian \_\_\_\_\_ Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

**PATIENT HISTORY**

Describe your pet's problem(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your pet's symptoms (check all that apply):

- Changes in appetite  Changes in behavior  Changes in energy level  Vomiting
- Diarrhea/Soft Stool  Constipation  Changes in sleep pattern  Changes in coat/skin
- Changes in breathing  Changes in hearing  Changes in vision  Lumps and Bumps
- Coughing  Sneezing  Difficulty getting up/around  Changes in urination
- Changes in water consumption

# RBVH<sup>®</sup>

## Physical Rehabilitation Center

### PHYSICAL REHABILITATION REGISTRATION

Does your pet's problem occur:

At certain times of the day

Explain \_\_\_\_\_

At certain times of the month

Explain \_\_\_\_\_

At certain times of the year

Explain \_\_\_\_\_

What are your goals/expectations for your pet's acupuncture? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you choose acupuncture for the treatment of your pet? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments \_\_\_\_\_

\_\_\_\_\_

#### HOW DID YOU CHOOSE RED BANK VETERINARY HOSPITAL?

Did you recently move to the area?  Yes  No

If yes, from what city/state did you move? \_\_\_\_\_

How did you hear about us?  My primary care veterinarian (PCV)  Yellow pages (YP)

Newspaper/magazine article (NP)  Internet - general search (INT)  RBVH website (WEB)  SuperPages.com (SP)

Friend/Family Member (please provide name so we may thank them) (FNC) \_\_\_\_\_

Is this person an existing RBVH client?  Yes  No

Community event (dog walk, pet event) (CE) \_\_\_\_\_  Event ad journal (EAJ) \_\_\_\_\_

Drove by the hospital (DB)  Other (please specify) (OTH) \_\_\_\_\_

#### PAYMENT OPTIONS

Payment must be rendered at time of service. We accept all major credit cards including Care Credit. Personal checks are welcome when accompanied by a driver's license. If you have any questions regarding your payment, please discuss it with a receptionist before the start of your visit. Thank you for choosing RBVH for your pet's healthcare.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### RED BANK VETERINARY HOSPITAL PHYSICAL REHABILITATION CENTER

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