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Certified Veterinary Acupuncturist

### Acupuncture History Form

Patient's Name \_\_\_\_\_

Current Symptoms \_\_\_\_\_

Is the condition worse after rest or exercise? \_\_\_\_\_

Does the patient have any other previous/current medical conditions? \_\_\_\_\_

How would you describe your pets appetite? \_\_\_\_\_

What is your pet eating? (including treats) \_\_\_\_\_

How would you describe your pets thirst? \_\_\_\_\_

Does your pet have normal eliminations and eliminating habits? \_\_\_\_\_

Does your pet prefer laying in areas that are warm/cool/neutral? \_\_\_\_\_

Does your pet prefer laying in areas that are soft/hard? \_\_\_\_\_

What medications/ supplements is your pet receiving? \_\_\_\_\_