

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[®]

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? _____

Recommended by: 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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