



Trillium
Veterinary Acupuncture and Chiropractic

Cat/Dog History & Information Form

Owners Name: _____

Pet's Name: _____

Breed: _____ Age: _____ Sex: _____

Color: _____ Markings: _____

Please describe the current problem or the reason or seeking treatment: _____

Please list any past injuries, significant illnesses or surgeries: _____

What is your pet's current activity level? _____

Is your pet being currently being treated for a specific condition (beyond routine care)? If so
please describe and list treating veterinarian. _____

Is your pet being seen by other health professionals (i.e. massage, chiropractor, acupuncturist? __

Current medications: _____

Current Supplements: _____

Vaccinations current? _____