



## Allatoona Animal Hospital



### Holistic and Acupuncture Services

**Holistic Exam \$136.30:** The holistic examination is only charged on the first visit, unless a new problem needs to be addressed. This fee includes a comprehensive physical and assessment of various aspects of your pet's health, nutrition and lifestyle.

**Acupuncture Treatments \$77-\$94:** range depends on type(s) of acupuncture treatments used-dry needles, electrical, aqua, laser.

**Supplements and/or herbs are additional:** not included with the exam or treatment prices.

**General acupuncture protocol after initial evaluation:**

- weekly to bi-weekly treatments (usually 4-8 treatments total)
- once maximum effect is achieved then we decrease the frequency of treatments
- maintenance is usually 2-4 treatments per year, some pets need monthly treatments

AAH Holistic Services Intake Form				
Species: <input type="radio"/> CANINE <input type="radio"/> FELINE <input type="radio"/> OTHER	Pet Name: _____	Breed:	Age:	Weight
Caregiver name:			Acct #:	
Caregiver phone #s:				
Caregiver email:				
When was your pet's most recent rabies shot? (if more than 3 years ago a rabies titer may be required) <input type="radio"/> Less than 3 years ago <input type="radio"/> More than 3 years ago				
Has your pet ever shown aggression towards: <input type="radio"/> Other Animals <input type="radio"/> People If yes to either, please explain:				
Main Complaint or Concern:				
Other Comments or Concerns:				
Current Medications:				

I have read and understand the pricing and protocols for holistic services.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

To the best of your ability, please circle any symptoms you have observed in your pet:				
Voice (Bark/Meow):	Normal	Loud	Quiet	Other:
Activity Level:	Normal	Increased	Decreased	Other:
Sleep:	Normal	Increased	Decreased	Other:
Temperature Preference:	No Preference	Hot	Cold	Other:
Food Intake:	Normal	Increased	Decreased	Other:
Water Intake:	Normal	Increased	Decreased	Other:
Stools:	Normal	Abnormal		Other
Urination:	Normal	Increased	Decreased	Other
Vomiting:	None	Yes (How often): _____		Other:
Cough:	None	Yes (How often): _____		Other
Stiffness:	None	Increased	Decreased	Other

  

<b>Fire</b>		<b>Wood</b>	
Balanced	Unbalanced	Balanced	Unbalanced
<ul style="list-style-type: none"> <li><input type="checkbox"/> Lively</li> <li><input type="checkbox"/> Playful</li> <li><input type="checkbox"/> Communicative</li> <li><input type="checkbox"/> Very friendly</li> <li><input type="checkbox"/> Affectionate</li> <li><input type="checkbox"/> Loves petting</li> <li><input type="checkbox"/> Center of the party</li> <li><input type="checkbox"/> Sensitive</li> <li><input type="checkbox"/> Normal mental activity</li> <li><input type="checkbox"/> "The Emperor"</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Insomnia</li> <li><input type="checkbox"/> Separation anxiety</li> <li><input type="checkbox"/> Restlessness</li> <li><input type="checkbox"/> Hyperactive</li> <li><input type="checkbox"/> Mental disturbance</li> <li><input type="checkbox"/> Too noisy</li> <li><input type="checkbox"/> Crazy "naked on roof"</li> <li><input type="checkbox"/> Heart problems</li> <li><input type="checkbox"/> Tongue ulceration</li> <li><input type="checkbox"/> Scared without reason</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Decisive or competitive</li> <li><input type="checkbox"/> Assertive or confident</li> <li><input type="checkbox"/> Dominant or aggressive</li> <li><input type="checkbox"/> Strong, fearless</li> <li><input type="checkbox"/> Impulsive, hasty</li> <li><input type="checkbox"/> Athletic – stamina</li> <li><input type="checkbox"/> Alpha animal</li> <li><input type="checkbox"/> Pioneer spirit</li> <li><input type="checkbox"/> "The General"</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ligament/tendon problems</li> <li><input type="checkbox"/> Liver problems</li> <li><input type="checkbox"/> Red eyes</li> <li><input type="checkbox"/> Irritable or angers easily</li> <li><input type="checkbox"/> Ear problems</li> <li><input type="checkbox"/> Nail problems</li> <li><input type="checkbox"/> Footpad/foot problems</li> <li><input type="checkbox"/> Anal sac issues</li> <li><input type="checkbox"/> Seizure activity</li> </ul>

  

<b>Water</b>		<b>Earth</b>	
Balanced	Unbalanced	Balanced	Unbalanced
<ul style="list-style-type: none"> <li><input type="checkbox"/> Careful</li> <li><input type="checkbox"/> Timid or shy</li> <li><input type="checkbox"/> Fearful</li> <li><input type="checkbox"/> Self contained</li> <li><input type="checkbox"/> Hides or runs away</li> <li><input type="checkbox"/> Meditative, observer</li> <li><input type="checkbox"/> Long life span</li> <li><input type="checkbox"/> Strong teeth &amp; bones</li> <li><input type="checkbox"/> "Good Observer"</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hind end weakness</li> <li><input type="checkbox"/> Withdrawn</li> <li><input type="checkbox"/> Arthritis or disk disease</li> <li><input type="checkbox"/> Urinary problems</li> <li><input type="checkbox"/> Kidney problems</li> <li><input type="checkbox"/> Disturbed growth</li> <li><input type="checkbox"/> Deafness</li> <li><input type="checkbox"/> Reproductive problems</li> <li><input type="checkbox"/> Premature ageing</li> <li><input type="checkbox"/> Bad teeth</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Relaxed, laid back</li> <li><input type="checkbox"/> Friendly, loyal</li> <li><input type="checkbox"/> Round &amp; large</li> <li><input type="checkbox"/> Slow &amp; consistent</li> <li><input type="checkbox"/> Serene &amp; balanced</li> <li><input type="checkbox"/> Cares for others (motherly)</li> <li><input type="checkbox"/> Normal bowel activity</li> <li><input type="checkbox"/> Good appetite, easy keeper</li> <li><input type="checkbox"/> "The Mother"</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Diarrhea</li> <li><input type="checkbox"/> Constipation</li> <li><input type="checkbox"/> Loss of appetite</li> <li><input type="checkbox"/> Vomits</li> <li><input type="checkbox"/> Colic or abdominal pain</li> <li><input type="checkbox"/> Gum or lip disease</li> <li><input type="checkbox"/> Weak muscles</li> <li><input type="checkbox"/> Overeats – obese</li> <li><input type="checkbox"/> Excessive worrier</li> </ul>

  

<b>Metal</b>	
Balanced	Unbalanced
<ul style="list-style-type: none"> <li><input type="checkbox"/> Loves order</li> <li><input type="checkbox"/> Obeys the rules</li> <li><input type="checkbox"/> Aloof, quiet</li> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Symmetrical body</li> <li><input type="checkbox"/> Disciplined attitude</li> <li><input type="checkbox"/> Good haircoat</li> <li><input type="checkbox"/> "Good Organizer"</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dry skin</li> <li><input type="checkbox"/> Sinus problems</li> <li><input type="checkbox"/> Nasal discharge/Congestion</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Breathing difficulties</li> <li><input type="checkbox"/> Cough</li> <li><input type="checkbox"/> Upper airway/ lung infection</li> <li><input type="checkbox"/> Weak voice</li> <li><input type="checkbox"/> Excessive sadness or grief</li> </ul>