



Shay Shay Veterinary Mobile Morgan Dixon, DVM, CVA 704.451.1257

Prior to Your Pet's First Appointment

1. Please ask your family veterinarian to email a copy of your pet's recent **pertinent** medical record to Dr. Dixon
2. Please fill out this form and email to Dr. Dixon **at least 48 hours prior** to your first appointment. Thank You.

DrDixon@ShayShayVet.com

Patient Name:

Main Diseases or Concerns

Current Medications, Supplements and Vitamins you are giving your pet.

***Please include doses**

History

Diet (Please include brand name, main protein source e.g. chicken, beef, etc., other foods added)

Treats

Age of pet when obtained

Is your pet afraid of loud noises? Thunder storms? Fireworks?

Does your pet sleep well through the night?

Urinary incontinence?

Fecal incontinence?

Gastrointestinal abnormalities?

Does your pet prefer

1. Cool areas (shade, AC vents, wood or tile floors)
2. Warm areas (sunshine spots, under covers)

Has your pet ever received acupuncture treatment?



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Acupuncture and Chinese Herb Consent Form

Client Name

Patient Name

I certify that I am the owner of the pet listed above. I am eighteen years of age or older.

I understand that acupuncture and Chinese herbal therapy are forms of alternative medicine. Best results are obtained when used in conjunction with modern medical testing and therapies as recommended by your family veterinarian.

Most pets require five to six treatments to determine if acupuncture will or will not be of benefit.

Most common side effects of acupuncture include sleepiness and increased water intake for a few hours after treatment. Please allow a few hours of rest after treatment for your pet to receive full benefits.

Signature _____ Date _____