

**Kim P. Pang, DVM**  
**Medical History Form**

Name: \_\_\_\_\_ Species (Dog/Cat/Other): \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Neutered/Spayed?: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current Medications that your pet is taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vaccination History:

DA2PPC given: \_\_\_\_\_ Rabies given: \_\_\_\_\_

Any prior illnesses? Please give approximate dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any prior surgeries? Please give approximate dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary reason for seeking acupuncture treatment: \_\_\_\_\_  
\_\_\_\_\_

Please describe your pet's temperament: \_\_\_\_\_  
\_\_\_\_\_

Any sensitive areas that I should be aware of (ie. Doesn't like feet touched, painful rear end etc)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of your regular veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_