

Date: \_\_\_\_\_

## TCVM Intake Form

### Completed by Caregiver:

Species:  canine      Animal name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
 Feline  
 equine      Caregiver: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other \_\_\_\_\_

Has your animal ever shown aggression to: other animals (Y/N), explain: \_\_\_\_\_  
 people (Y/N), explain: \_\_\_\_\_

Date of pet's last Rabies vaccine/titre: \_\_\_\_\_

Diet, supplements & daily exercise: \_\_\_\_\_

Medical history/previous diagnoses: \_\_\_\_\_

Main complaint(s): \_\_\_\_\_



Symptoms	Normal	Increased	Decreased	Other
Voice				
Activity level				
Sleep				
Temperature preference				
Food intake				
Water intake				
Stool				
Urination				
Vomiting				
Cough				
Stiffness				

### TCVM Exam Findings:

Tongue	Pulse	Sensitive points/Scan results

Shen: WNL [ ] Disturbed [ ] Poor [ ] Comments: \_\_\_\_\_  
 Ears: WNL [ ] Warm [ ] Cold [ ] Itching [ ] Discharge [ ] Malodorous [ ] Pustule [ ]  
 Nose: WNL [ ] Wet [ ] Hot [ ] Discharge [ ] Depigmentation [ ] Bloody [ ] Dry [ ] Cold [ ] Malodorous [ ]  
 Coat: WNL [ ] Alopecia [ ] Dry [ ] Dandruff [ ] Moist [ ]  
 Paws: WNL [ ] Dry [ ] Warm [ ] Pustule [ ] Cracked [ ] Moist [ ] Cold [ ]  
 Eyes: WNL [ ] Pale [ ] Red [ ] Yellow [ ] Itching [ ] Swollen [ ] Discharge [ ]  
 Gums/lips: WNL [ ] Pale [ ] Red [ ] Ulcers [ ] Swollen [ ] Bloody [ ] Malodorous [ ]  
 Other: \_\_\_\_\_

Diagnosis \_\_\_\_\_ Acupuncture \_\_\_\_\_ Herbal/RX \_\_\_\_\_