



Aloha Veterinary Acupuncture

Dr. Teresa Kho-Pelfrey, DVM, cVMA
(502) 565-5379

New Client Information Form

Please complete and submit this form for your pet's medical record **prior** to your appointment.
Completed forms can be emailed to: alohaveterinaryacupuncture@gmail.com

Client Information

Last Name: _____ First Name: _____
Street Address: _____ State/Province: _____
City: _____ Postal/Zip Code: _____
Phone Number: _____ Is it okay to text this number? Yes No
Email: _____

How did you hear about Aloha Veterinary Acupuncture?

If by a friend, we'd like to thank them by name: _____
If online, via social media, via advertising, please specify: _____
If by some other method, please specify: _____

Patient Information

Pet's Name: _____ Species: _____ Sex: Male M/Neutered
Date of Birth (approximate if unknown): _____ Female F/Spayed
Regular/Referring Veterinarian: _____ Phone Number: _____
Clinic Name: _____

Do you consent to Dr. Kho-Pelfrey consulting with your regular veterinarian for the purpose of treatment? Yes No

Medical conditions or concerns (reason for requesting acupuncture services):

Pertinent medical history:

To the best of my knowledge, my animal does not currently have any of the following medical conditions:

- Pregnancy or currently in heat
- Bleeding disorder
- Pacemaker
- Local infection (skin infection, abscess, etc.)

Signature of Owner/Agent: _____ Date: _____



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Authorization to Treat

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Last Name: _____ First Name: _____

Patient Name: _____

Treatment Consent

____ (client initials) I, the owner or authorizing agent of the animal listed above, do hereby give my voluntary consent for the examination and administration of acupuncture and associated treatment modalities (electroacupuncture and massage) as deemed necessary by Dr. Kho-Pelfrey to my animal.

____ (client initials) I understand that the acupuncture services provided do not replace the care from my animal's regular veterinarian and consent to the release of my animal's medical records to my regular veterinarian for continued care with all other veterinary services.

____ (client initials) I understand that acupuncture is a medical treatment requiring the insertion of very small needles into the skin. A minimum of 3-5 treatments is often needed before a response to therapy can be reasonably expected. I also appreciate that my animal may not respond or benefit from acupuncture treatment. I understand that it is important for me to fully follow the instructions from Dr. Kho-Pelfrey on monitoring my animal over the course of its acupuncture treatment.

____ (client initials) I understand that it is my responsibility to inform Dr. Kho-Pelfrey of any adverse side effects my animal may experience after receiving acupuncture treatments. Acupuncture is considered to be extremely safe for animals. However, side effects can sometimes be seen. Possible side effects of acupuncture may include the following: possible temporary or worsening of symptoms, bruising, redness, swelling, or soreness at the treated sites, and transient weakness or lethargy post-treatment.

Social Media Release

I hereby grant Aloha Veterinary Acupuncture permission to post my animal's story, the reason for visit, and/or medical information or photos on social media (Instagram, Twitter, Facebook, Snapchat, TikTok, etc.).

Opt IN Opt OUT

Do you/your animal have a social media account that we can connect with? If so, please let us know your username and which platform(s) you are on:

Newsletter Release

I hereby grant Aloha Veterinary Acupuncture permission to contact me via email with their Monthly Newsletter, which includes education for clients, medical success stories, seasonal information, and exclusive discount opportunities.

Opt IN Opt OUT

I assume full financial responsibility for all charges regardless of the outcome of the patient's treatment. I have been informed of the fees for this service and understand that payment will be due upon completion of the services provided. If I do not cancel an appointment at least 24 hours in advance, I understand that I may be liable for a no-show fee of 50% of the service requested.

Should any dispute arise from this agreement, both parties understand and agree to waive their right to pursue litigation and instead agree to submit the issue to binding arbitration.

Signature of Owner/Agent: _____ Date: _____