



Becca Seitz, MAcOM, LAc

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New Patient Paperwork

Owner's Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Alternate Phone: _____

Pet's Name: _____

Species: Cat Dog Breed:

Sex: _____ Spayed or Neutered? _____ Age: _____ Weight:

Veterinarian's Name & Clinic:

Current diet:

Current medications & supplements:

How did you hear about me?

Email Address for appointment reminders:

Are you interested in receiving our E-newsletter? Y N

- I understand that Becca Seitz, MAcOM, LAc is not a veterinarian.
- I understand that acupuncture may cause side effects such as fatigue, bowel changes, pain or discomfort at the site of the needling or symptoms to become aggravated temporarily.
- I understand that Chinese herbal medicines may cause side effects such as bowel

changes, nausea, appetite changes, or symptoms to become aggravated temporarily.

- I understand that I am allowed to discontinue treatment at any time.

I have read the above and hereby agree to have my pet treated by Becca Seitz, MAcOM, LAc:

Signature

Date