



Your Pet's Medical Information & History Union Pet Hospital



OWNER'S Name: _____ **Pet's Name** _____

Date: _____ Reason for today's visit: _____

Has your pet visited/boarded @ Erlanger Veterinary Hospital or Erlanger Pet Resort, recently?

INSTRUCTIONS: Please circle YES or NO (Explain on lines if needed)

Has your address, home, cell, or work telephone numbers changed since your last visit? **NO/YES**

If yes, please specify any changes: _____

What is your E-mail Address? _____

Are you interested in Pet Insurance? **YES NO:** _____

Has your pet had any recent medical problems? **YES NO:** _____

Does your pet have any chronic medical problems? **YES NO:** _____

Does your pet have any allergies? (If yes, to what?) **YES NO:** _____

Is your pet currently on any medications? (If yes, list.) **YES NO:** _____

Has your pet traveled out of state? (If yes, where?) **YES NO:** _____

Has your pet been heartworm tested in the past year? **YES NO:** _____

Is your pet micro-chipped? **YES NO:** _____

Do you plan on boarding or grooming your pet? **YES NO:** _____

Does your pet experience car sickness? **YES NO:** _____

Do you brush your pet's teeth? (If yes, how often?) **YES NO:** _____

What is your pet's diet (Brand)? _____

How much/often are you feeding? _____

How many treats does your pet get a day? _____

Has your pet shown any of the following signs or symptoms? If yes, please circle the symptom

- | | | |
|--------------------|------------|--------------------------|
| UNUSUAL BODY ODORS | BAD BREATH | SHAKING HEAD/EARS |
| COUGHING | SNEEZING | WHEEZING GAGGING CHOKING |
| ITCHING | HAIR LOSS | CAR SICKNESS |
| VOMITING | DIARRHEA | SKIN PROBLEMS |
| LIMPING | LAMENESS | POOR HAIR COAT |
| UNUSUAL DISCHARGE | SQUINTING | SCOOTING REAR END |
| | | LUMPS BUMPS |
| | | WEAKNESS SEIZURES |
| | | EXCESSIVE PANTING |
| | | TREMORS |

Has your pet shown significant change in any of the following?

- | | | | |
|-----------------------------------|---------------|-----------|---------------|
| Character of bowel movements? | YES NO | Appetite? | YES NO |
| Frequency or amount of urination? | YES NO | Drinking? | YES NO |
| Weight gain or loss? | YES NO | Behavior? | YES NO |

Anything else we should know about your pet? _____