



Your Pet's Medical Information & History

Union Pet Clinic



Owner's Name: _____	Pet's Name: _____
Account #: _____	Date: _____

Reason for today's visit: _____

Have you been to our Erlanger office recently? _____

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

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

If so, 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 on any medications? (If yes, what?) **YES NO** _____

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

Was your pet heartworm tested within the last year? **YES NO** _____

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

Has your pet been tested for intestinal parasites in the last year? (Fecal exam) **YES NO** _____

What is your pet's diet?(Brand?) How much are you feeding? _____

Has your pet shown any of the following signs or symptoms?

Bad breath or unusual body odors? **YES NO** Head shaking? **YES NO**

Coughing or sneezing or wheezing? **YES NO** Itching or scratching? **YES NO**

Gagging or choking? **YES NO** Poor coat or hair loss? **YES NO**

Vomiting or diarrhea? **YES NO** Skin problems? **YES NO**

Scotting of rear end? **YES NO** Lumps or bumps? **YES NO**

Lameness or stiffness? **YES NO** Tremors or seizures? **YES NO**

Listless or weakness? **YES NO** Unusual discharge? **YES NO**

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 need to know? _____