



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 satellite office, Erlanger Veterinary Hospital, 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? **NO YES:** _____

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

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

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

Is your pet currently on any medications? (List if so) **NO YES:** _____

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

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

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

Has your pet been tested for intestinal parasites in the past 12 months?(Fecal exam) **NO YES**

CANINE ONLY: Has your dog been heartworm tested within the past 12 months? **NO YES**

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

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 |
| ITCHING | HAIR LOSS | SKIN PROBLEMS |
| VOMITING | DIARRHEA | SCOOTING REAR END |
| LIMPING | LAMENESS | STIFFNESS LISTLESS |
| UNUSUAL DISCHARGE | SQUINTING | EXCESSIVE PANTING |
| | | LUMPS BUMPS |
| | | WEAKNESS SEIZURES |
| | | 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? _____
