



# Erlanger Pet Resort

## CANINE/FELINE

### Your Pet's Medical Information & History



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

Reason for today's visit: \_\_\_\_\_

Have you been to our satellite office, Union Pet Clinic? **YES NO**

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:** \_\_\_\_\_

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

Is your pet micro-chipped? **NO YES:** \_\_\_\_\_

Is your pet currently on any medications? (If yes, List) **NO YES:** \_\_\_\_\_

Would you like to purchase a refill on any heartworm or flea medications today? We recommended year-round use to prevent heartworm disease in dogs & cats and to prevent flea infestation. **NO YES** (Current heartworm test required)  
 Tri-Heart / Interceptor / Trifexis / Comfortis / Parastar / Vectra / Revolution # \_\_\_\_\_ month(s) supply

What is your pet's diet (Brand)? \_\_\_\_\_

How much/often are you feeding? \_\_\_\_\_

How many treats does your pet get a day? \_\_\_\_\_

Would you like us to check your pets stool sample to look for intestinal parasites? (\$31.45) **NO YES**

Would you like us to run an Occult Heartworm Test on your **DOG** to check for heartworm disease? (\$53.45) **NO YES**

**For pets 6 years old and over**, we recommend a Senior Health Panel. This will check liver and kidney functions, blood cells, and urine to identify illnesses early and treat before they become major problems. An Occult Heartworm Test (canine) or a thyroid level (feline) is included. Cost: \$113.00 **NO YES**

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 | UNUSUAL DISCHARGE |
| COUGHING           | SNEEZING   | WHEEZING          | GAGGING/CHOKING   |
| ITCHING            | HAIR LOSS  | SKIN PROBLEMS     | POOR HAIR COAT    |
| VOMITING           | DIARRHEA   | SCOOTING          | LICKING           |
| LIMPING            | LAMENESS   | STIFFNESS         | LISTLESS/WEAKNESS |
|                    |            |                   | SEIZURES/TREMORS  |

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

- |                                   |                            |           |                            |
|-----------------------------------|----------------------------|-----------|----------------------------|
| Character of bowel movements?     | <b>NO YES Better/Worse</b> | Appetite? | <b>NO YES More/Less</b>    |
| Frequency or amount of urination? | <b>NO YES More/Less</b>    | Drinking? | <b>NO YES More/Less</b>    |
| Weight gain or loss?              | <b>NO YES More/Less</b>    | Behavior? | <b>NO YES Better/Worse</b> |

Phone number where you can be reached by the veterinarian: \_\_\_\_\_

Do you have any other pets: **NO YES** \_\_\_\_\_