

PATIENT INFORMATION

	YES	NO
Are you presenting a new patient for examination?		
Would you like information on Pet Health Insurance?		
If your pet's last Wellness Examination was done at our clinic and there are not any specific concerns regarding your pet's health you would like us to address, you may decline to complete this side of the form. Do you decline?		
Has your pet had any services at another veterinary facility in the past year?		
If yes, please indicate if your pet had:		
A heartworm test?		
Vaccinations?		
Screening for intestinal parasites?		
Surgeries (including spay or neuter)?		
Diagnostic testing?		
Are you able to provide a record of services rendered?		
Has your pet ever:		
Had a seizure?		
Had a vaccine reaction?		
Been diagnosed with a food allergy?		
Had an unexpected reaction to a medication?		
Been diagnosed with seasonal allergies?		
Recently, has your pet:		
Been straining to urinate?		
Been passing worms in feces?		
Had diarrhea?		
Seemed constipated?		
Had unusual bouts of vomiting?		
Been: Coughing? Sneezing? Gagging?		
Been shaking his/her head?		
Been scooting his/her rear end?		
Has your pet experienced any general skin issues like:		
Excessive Scratching?		
Excessive Licking?		
Hair Loss?		
Unusual lumps or bumps?		
Are you noticing that your pet:		
Has bad breath?		
Is having joint issues? Arthritis? Lameness? Weakness?		
Is lethargic?		
Is drinking water more often?		
Is urinating more often?		
Is having significant weight changes?		
Is eating more or less?		
Please explain if there has been a significant change in behavior. If none, leave blank.		
How much time does your pet spend outside?		
None 30 minutes Few Hours All Day All Night		

Why have you brought your pet to see us today?
Please list your pet's current medications?
Heartworm: _____
Frequency: _____
Flea and Tick: _____
Frequency: _____
Other: _____
What are you feeding your pet?
Brand: _____
Amount per feeding: _____
Feedings per day: _____
Treats: _____
Treats per day: _____
How often does your pet get 'people food'? What type of food?
Please provide the best email address for your account:
Treatment and Payment Agreement
I hereby authorize Monroe Animal Care Hospital to treat and prescribe medications for the pet presented by me for medical care. I agree to pay fees incurred for all services and products for the treatment of my pet. I understand payment of fees is due in full when my pet is discharged from Monroe Animal Care Hospital.
Signature: _____
Date: _____