# Animal Hospital of Nicholasville

| First & Last Name_____ | Animal Age_____ | Date_____ |
|---|---|---|

Address_____City_____St_____Zip_____E-mail_____
Phone_____Cell-phone_____Business_____

***These questions are *very* important in order for us to keep up with, and better understand your pet's medical history. Thank you for helping us care for your special family member.  Please make any necessary changes to your information above, just cross out and correct.***

**General History**

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Are your pet's vaccinations up to date?   **YES     NO**

Date of last vaccinations _____

Do you have pet insurance?                    **YES     NO**

Is your pet spayed or neutered?             **YES     NO**

Does your pet have a microchip?            **YES     NO**

Is your pet on Heartworm Prevention?   **YES     NO**

Has your pet been heartworm or Feline   **YES     NO**
Leukemia/FIV

tested in the last year?                           **YES     NO**

Has your pet been tested for intestinal parasites in the last year

**YES       NO**

Are there other animals in the household?  Please list:

_____

How long have you owned your pet?

**YES     NO**

_____

Did your pet eat in the last 12 hours?      **YES     NO**

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**Past History**

Have there been any significant surgeries, injuries or illnesses in your pet's past?  If yes, please relate the diagnosis
_____
_____

**If sick**, has your pet been treated for this problem before? If so, when? _____

What treatments have you given for the problem?  Type and Dosage _____

Are any other animals in the household sick? _____

Please describe the problem, how long it has been going on, and how it progressed. _____
_____

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What diet do you feed? _____ Canned / Dry / Both    How much daily?_____

Have you changed diets recently?    **YES    NO**

What treats do you give? _____ How many daily?_____ Table Food? **YES    NO**

Is your pet's appetite: **ABSENT    DECREASED    NORMAL    INCREASED    UNKNOWN**

Is your pet currently taking any prescriptions medications?  Please list: _____

Is your pet taking any over-the-counter or home herbal remedies? **YES:** _____ / **NO**

Relative to normal, is your pet's activity:    **DECREASED    NORMAL    INCREASED**

What type of heartworm & flea/tick control do you use? _____ Refills needed? _____

Is your pet allergic to any food or medications? _____ To vaccines? _____