



# Howard County Animal Hospital

Please Fill Out Form Completely and email to [HCAHrecords@gmail.com](mailto:HCAHrecords@gmail.com)

## PATIENT INFORMATION:

Patient's Name: \_\_\_\_\_  Dog  Cat

Sex:  Male  Neutered  Female  Spayed  Microchipped

Microchip Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ or, if unknown, approximate age \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

### Previous Vet Information:

Vet/Clinic Name: \_\_\_\_\_

Contact Phone/Email: \_\_\_\_\_

Are your pet's shots up-to-date:  No  Yes

Has your pet had a dental procedure:  No  Yes

Has your pet had a prior surgery other than spay/neuter:  No  Yes

If yes, please describe \_\_\_\_\_

Has your pet had a prior illness:  No  Yes

If yes, please describe \_\_\_\_\_

List your pet's current medication: \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

### Please check reason for visit:

General check-up  Vaccination(s)  Test(s)

Appetite loss

Gagging

Sneezing

Behavioral problems

Gums bleeding

Thirst

Breathing problems

Limping

Urination increase

Coughing

Loss of balance

Vomiting

Depression

Scooting

Weakness

Diarrhea

Scratching

Consultation

Eye disorders: \_\_\_\_\_

Shaking head

Other (See below.)

For "Other" visit reasons, please use the below lines to briefly explain the reason for today's visit:

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