Veterinary Emergency + Referral Center of Hawaii

PATIENT HISTORY FORM

Owner Name: _____ Pet Name: _____
First Last

What is the reason for your visit today? _____

How long has this been occurring? _____

What medication(s) is your pet currently taking? _____
_____

Does your pet receive heartworm prevention (list product name)? ❒ Yes _____ ❒ No

Does your pet receive flea and tick prevention (list product name? ❒ Yes _____ ❒ No

Does your pet have any exposure to ticks that you are aware of? ❒ Yes ❒ No

Does your pet have a history of allergies or reactions to anesthesia? ❒ Yes ❒ No
If yes, please list: _____

Has your pet been anywhere outside of the Hawaiian Islands? ❒ Yes ❒ No
If yes, please list: _____

Is this pet: ❒ Indoor only ❒ Indoor/Outdoor ❒ Outdoor only (yard) ❒Outdoor only (roams)

Is your pet up to date on vaccinations? ❒ Yes ❒ No Date of last vaccinations: _____

What are you currently feeding your pet? _____ How much? _____

Has your pet had any of the following? _____

❒ Coughing ❒ Vomiting ❒ Sneezing ❒ Diarrhea

❒ Abnormal urination ❒ Increased thirst ❒ Seizure

Previous health problems: _____
_____

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