

Pet's Name (first and last): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered?  Yes  No Age: \_\_\_\_\_

### Patient History Form

This form is to be filled out minimum once a year for every client. Please notify us if there is any change to your pet's health, feeding, or medication upon intake. For more than one pet, please fill out a form for each pet that will be boarding with us.

#### Medical History

Please mark all that apply regarding your pet's medical history. Does your pet have a history of:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Allergies              | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Cancer         |
| <input type="checkbox"/> Seizures               | <input type="checkbox"/> Thyroid Disease         | <input type="checkbox"/> Diarrhea       |
| <input type="checkbox"/> Chronic Ear Infections | <input type="checkbox"/> Kidney Disease          | <input type="checkbox"/> Vomiting       |
| <input type="checkbox"/> Anxiety                | <input type="checkbox"/> Heart Disease           | <input type="checkbox"/> Urinary Issues |
| <input type="checkbox"/> Aggression             | <input type="checkbox"/> Chronic Skin Infections | <input type="checkbox"/> Other: _____   |

If you checked "yes" to any of the above, please explain further (i.e. what types of allergies?):

---

---

---

Is your pet currently taking any medications?  No  Yes (*please specify below*)

If you checked "yes," please list all medications, their current dosing, and the reason they are on it:

Name of Medication	Dosing	Reason for Medication

**Boarding Questionnaire**

Has your pet ever boarded over night before?

Yes       No

Does your pet chew on blankets or bedding?

Yes       No

Do they like other animals?

Yes       No

Do you have any concerns about your pet boarding that we should be aware of? If yes, please specify:

---

---

**Diet**

Brand: \_\_\_\_\_

Dry       Wet       Both

Amount they are fed: \_\_\_\_\_

How often they are fed: \_\_\_\_\_

Will your pet be using food from home or the hospital food for their stay?

Own Diet     Hospital Diet

Does your pet have any food allergies?

Yes       No

*If "yes," please specify:*

If your pet does not eat their own diet, do you authorize our kennel staff to supplement with the hospital diet?

Yes       No

---

**Flea/Tick Preventative**

Is your pet currently on a flea and tick preventative?

Yes       No

*If "yes," please specify:      Brand: \_\_\_\_\_*

*Date of Last Dose: \_\_\_\_\_*

If your pet is not currently on a flea and tick preventative, do you authorize Beach Park Animal Hospital to administer a dose at an additional charge to prevent flea and tick infestations?

Yes       No

**Treatment Authorization**

In the case that your pet may become ill during their boarding stay, is Beach Park Animal Hospital authorized to treat your pet?

Yes       No       Call Before Doing Any Treatment

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency Phone Number