

Aloha Animal Hospital

Patient History for Exam Without Owner

Patient First Name

Patient Last Name

Patient ID #

Please read through the following questions and answer all that may apply to your pet today. The sections highlighted in yellow are required. **Please read and sign the authorization on the back of this form.** The doctor will examine your pet as soon as possible and call to discuss any needed diagnostics and treatments.

My pet is acting:	<input type="checkbox"/> normal	<input type="checkbox"/> lethargic	<input type="checkbox"/> hyperactive	<input type="checkbox"/> lame
My pet has experienced weight:	<input type="checkbox"/> no change	<input type="checkbox"/> loss	<input type="checkbox"/> gain	
My pet's water intake has:	<input type="checkbox"/> no change	<input type="checkbox"/> decreased	<input type="checkbox"/> increased	
My pet's appetite has:	<input type="checkbox"/> no change	<input type="checkbox"/> decreased	<input type="checkbox"/> increased	
Current diet:	_____			Last Ate: _____
Everything was okay with my pet until	_____.			
Since then,	_____			

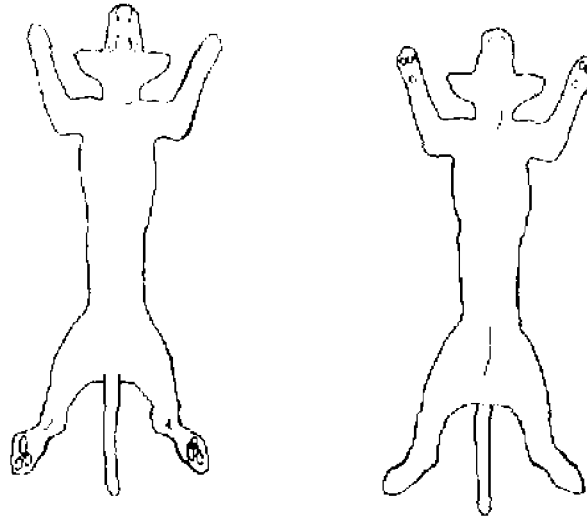
Please fill out the following 2 sections, if applicable:

VOMITTING / DIARRHEA
My pet vomited: # of times _____ first time: _____ last time: _____
What color/consistency? _____
My pet has: <input type="checkbox"/> normal stools <input type="checkbox"/> constipation <input type="checkbox"/> diarrhea
Started: _____ What color/consistency? _____
Has your pet had access to new foods, snacks, or something other than regular pet food? _____

INJURY / LAMENESS
My pet is: <input type="checkbox"/> lame <input type="checkbox"/> sore <input type="checkbox"/> has been injured
I think his/her _____ is bothering him/her.
This started _____.
It has: <input type="checkbox"/> worsened <input type="checkbox"/> improved <input type="checkbox"/> intermittent <input type="checkbox"/> no change
This problem has: <input type="checkbox"/> never (or) <input type="checkbox"/> previously happened before.
When? _____
Please describe any swelling, rashes, or injury in your own words and circle the body part or sketch the lesion on the diagram that follows. _____

Please note on the diagram below,
the location of the lump or injury you would like examined:

Left (Topside) **Right** (Bottom Side) **Left**



I am the owner/agent for the described animal. I authorize and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand the veterinarian will contact me after my pet has been examined to discuss recommended diagnostics and treatment and will have an initial estimate of charges.

I can be reached at _____.

If I *cannot be* reached at the number listed above:

- I authorize initial diagnostics, including radiographs and blood work, if indicated, and I authorize initiation of treatment.
- I do not authorize any diagnostics or treatments until I can be reached.

I understand payment is due when my pet is discharged. Also, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet.

I request that Doctor (please circle preferred doctor) Dr. Jason / Dr. Jamie / Dr. Cheryl examine my pet if available, otherwise the first available doctor will examine/treat my pet.

I have read and understand the above.

Signature: _____

Date: _____