

TLC Animal Hospital

Client & Patient Information/Update Form

So that we may better serve you and your pet(s) today, please complete the following:

Date: _____

Patient Name: _____ Owner: _____

Address: _____ Apt # _____

City/State: _____ Zip: _____

Email: _____

The best number to reach me at is: _____ HOME // CELL // WORK

PATIENT HEALTH HISTORY:

Please tell us the reason for your pet's visit today: _____

If your pet is here for a concern, when did you first notice the problem?: _____

• Lifestyle (Circle all that apply): Indoor Outdoor Board Groom Dog Park Hunting Swimming

• Diet (Brand; Canned/Dry, etc.): _____

• Heartworm/Flea Prevention: Brand(s): _____ Last Given: _____

• Medications (please list dosages & frequency given): _____

• Home Dental Care Routine: _____

• Change in personal habits (i.e. water consumption, sleep, appetite, behavior, etc):

Do you have any concerns or questions about your pet's health today? _____
