

Universally Holistic Veterinary Services
450 E Burton Lane
Kaysville, UT 84037
Phone: (435)899-0577
Email: Kathy.backus.kent@gmail.com

NEW Patient Information

(For any questions requiring a Please Circle One, please highlight if filling out and sending back by email)

Owner: _____

Date: _____

A. Signalment

1. Registered Name: _____
2. Nickname: _____
3. Species (*circle or highlight one*)
Dog Cat Other: _____
4. Date of Birth ___/___/___ (*if unknown – give best approx. date and/or year*)
5. Neutered Male Spayed Female Male Female (*circle or highlight one*)
6. Breed: _____
7. Color: _____
8. Markings: _____
9. Weight: _____ Height: _____
10. Registration #: _____
11. Tattoo #: _____
12. Microchip? Yes No

B. Animal Insurance Information (if applicable)

Person responsible for account

Name:	Insurance Company Name:
Relation to Client:	Co. Address:
Billing Address:	Co. Phone:
Insured's Name:	Type of Coverage:
	Policy #
	Group#

C. Reason for Visit

1. What is the reason for this visit today?
2. What is your overall health goal?

D. Medical Information & History

1. Vaccination History:
*(Please include the dates, types of vaccines, and **any** reactions; also titers if take)*

-
-
2. Deworming History & Heartworm Prevention:
(Please include the dates, chemical used, and any reactions)
-
-
3. Dentistry: *(Please include dates, frequency of care, and any abnormalities)*
-
-
4. How frequently are your pet's nails trimmed? Do they have difficulty with this procedure?
-
-
5. Describe what your animal eats and drinks, and any changes in the last six months.
(brand, amount and frequency of feed, type of dishes, and water source)
-
-
6. Any medications or supplements? List substances, brand, and dosage.
-
-
7. Describe where and how your animal lives, exercises, and sleeps.
-
-
8. Type of collar, harness, other clothing.
-
-
9. Training History. *(type, duration, any significant occurrences – positive or negative)*
-
-
10. Briefly describe your animal's personality and disposition. *(note any changes and when occurred)*
-
-
11. Please list approximate dates and describe any history of injury, illness, or emotional disturbance.
- a)** Injuries: *(including: falls, lameness's, wounds, head trauma, fractures, surgery, surgical implants or orthopedic hardware)*
-
-
- b)** Illnesses: *(including: GI upset, respiratory disease, cancer, allergy, thyroid disease, hormonal dysfunction, urinary problems, heart disease, infections)*
-

c) Emotional Disturbances: *(behavioral problems, fears, phobias, aggression, emotional trauma)*

E. Diagnostic Information

1. Does your animal have previous blood work? *(if significant, please arrange for us to have a fax or copy of blood work for our records)*

2. Does your animal have previous radiographs? (if so, owner must request that they be sent to us)

F. Other Veterinarian(s)

Name: Hospital Name: Address: Phone Number: Fax:	Name: Hospital Name: Address: Phone Number: Fax:
--	--

G. Other Therapist(s)

Name: Hospital Name: Address: Phone Number: Fax:	Name: Hospital Name: Address: Phone Number: Fax:
--	--

H. Alerts – current or Previous

Bites Pulls on leash Runs Away

Dog/Cat/Human Aggressive: _____

Allergies:

Medications: _____

Supplements: _____

Foods: _____

I. Other Information

1. Use/Occupation/Favorite Activities: _____

2. Habits/Vices: _____