

# 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 green 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 here today for: \_\_\_\_\_

My pet is acting:  normal  lethargic  hyperactive  lame

My pet has experienced weight:  no change  loss  gain

My pet's water intake has:  no change  decreased  increased

My pet's appetite has:  no change  decreased  increased

Current diet: \_\_\_\_\_ Last Ate: \_\_\_\_\_

Current medications: \_\_\_\_\_ Dosage: \_\_\_\_\_ Last Given: \_\_\_\_\_

Everything was okay with my pet until \_\_\_\_\_

Since then, \_\_\_\_\_

### Please fill out the following 2 sections, if applicable:

#### VOMITING / DIARRHEA

My pet vomited: # of times \_\_\_\_\_ first time: \_\_\_\_\_ last time: \_\_\_\_\_

What color/consistency? \_\_\_\_\_

My pet has:  normal stools  constipation  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:  lame  sore  has been injured

I think his/her \_\_\_\_\_ is bothering him/her.

This started \_\_\_\_\_

It has:  worsened  improved  intermittent  no change

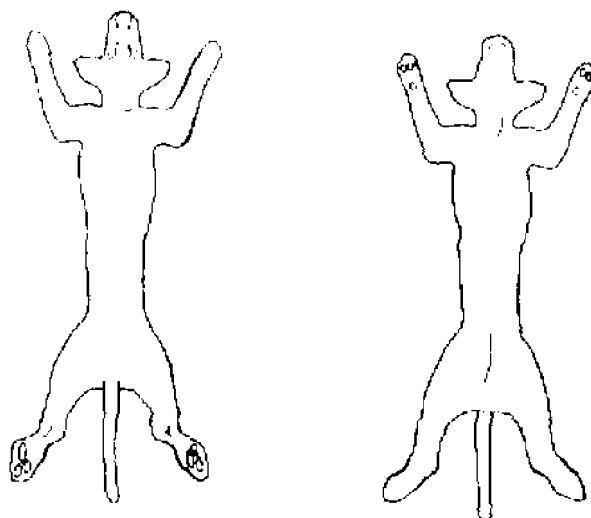
This problem has:  never (or)  previously happened before.

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 \_\_\_\_\_.

- 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 (circle preferred doctor) Dr. Jason / Dr. Jamie / Dr. K / Dr. Beckes  
Dr. Brooks examine my pet if available, otherwise the first available doctor will examine/  
treat my pet.

I have read and understand the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_