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Pocket Pet History Form

Client Information

Name: _____

Address: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Employer: _____ Driver's License #: _____

Alternate Contact: _____ Alternate Contact Phone: _____

Pet Information:

Name: _____ Age: _____ Sex (if known): Female _____ Male _____

Species: _____ Breed: _____ Color: _____

How long have you owned this pet? _____

Where did you get this pet? _____

What other pets do you own? _____

Are your other pets in contact with this pet? _____

Has this pet had any previous health concerns? If yes, what and when? _____

Housing

Please describe this pet's enclosure: _____

What substrate (bedding) is used? _____

How often is the enclosure cleaned and what cleaning products are used? _____

Have there been any recent changes to your pet's environment? If yes, please describe. _____

Diet

What foods do you feed your pet (type of food, quantity and frequency)? _____

Which food is preferred? _____

What treats do you give and how often? _____

How is water provided (in bottle, bowl, combination)? _____

Do you give any supplements? If yes, what kind? _____

Have there been any recent changes in your pet's diet? If yes, please describe. _____

What is the reason for your visit today?

How long have you noticed the problem: _____