



# HERMITAGE ANIMAL CLINIC

4231 Lebanon Pike Hermitage, TN 37076

Phone: (615)889-9150

Owners Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pets Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female  Spayed/Neutered

1. How many pets live in your home? \_\_\_\_\_

2. Does your pet mainly live indoors or outdoors? \_\_\_\_\_

3. Do other pets visit your home? Yes    No

4. Have you seen evidence of fleas, ticks, internal parasites, or heartworms? Yes    No

Please list all of the products your pet is using

Flea or tick control products: \_\_\_\_\_

Pain Medications (including prescriptions, over the counter or supplements) \_\_\_\_\_

Dental Products (including chews) \_\_\_\_\_

Heartworm prevention: \_\_\_\_\_ When did you give the last dose?: \_\_\_\_\_

Other medications: \_\_\_\_\_

What kind of diet do you feed your pet? \_\_\_\_\_

What type of treats do you feed your pet? \_\_\_\_\_ how often? \_\_\_\_\_

Have you noticed any of the following?

Does your pet scratch, bite at its skin or seem "itchy" Yes    No

Any weight loss or gain Yes    No

Any changes in the skin or hair coat Yes    No

Any changes in behavior or activity level Yes    No

Any signs of pain, like slow to get up or down, tremor or weakness in the rear legs Yes    No

Any recent changes in your pets behavior when defecating or urinating? Yes    No

I hereby authorize Hermitage Animal Clinic and its employees to perform a physical exam of my pet. In the case of an emergency, I authorize life sustaining treatment including cardiopulmonary resuscitation, and provision of pain medication as needed. I understand that payment is due at the time services are rendered.

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