



Utah Pet Rehab & Acupuncture Center, LLC

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## Patient Information and History

Date: \_\_\_\_\_ Primary Vet: \_\_\_\_\_

Referred by: \_\_\_\_\_

Preference for appointment confirmations (Circle):      Email      SMS Text

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species:      Dog      Cat

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Gender (Circle):      Male/Castrated      Weight/BCS: \_\_\_\_\_

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

Reason for today's visit and history of present illness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past medical/surgical  
history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Diet: \_\_\_\_\_

Supplements/Medication: \_\_\_\_\_

\_\_\_\_\_

Treatment since  
injury/surgery: \_\_\_\_\_

\_\_\_\_\_

Current and previous activity  
level: \_\_\_\_\_

\_\_\_\_\_

Expectations and Goals for your  
pet: \_\_\_\_\_

\_\_\_\_\_

