

Line Mountain Animal Hospital, Inc
4270 State Route 147
Herndon, PA. 17830
(570) 758-5130

Patient History Form

Owner Information

Name: First _____ Last: _____ Date: _____
Addr: _____ City: _____ State: ____ Zip: _____
Best Contact Phone Number: (____) _____ - _____
Home Phone number: (____) _____ - _____ Cell Phone number: (____) _____ - _____
Email Address: _____ Would you prefer to receive reminders
through postal mail or email? (circle one)
Employer: _____ Work # (____) _____ - _____ Ext. _____
How did you hear about Line Mountain Animal Hospital? _____
I understand payment is due today. Signature _____
Method of payment for today's visit: credit card (Dscvr, MC or Visa) ___ cash ___ check ___

Animal information:

Dog ___ Cat ___ Other (specify) _____ Date of Birth: _____
Please circle: Sex: M or F Neutered, Spayed or Intact
Name: _____ Breed: _____ Color: _____
Housing: Indoors ___ Outdoors ___
Date of last examination/vaccination: _____
Medications animal is taking: _____
Medical conditions/illnesses in the past: _____
Normal diet (include all treats, snacks and human food): _____

For the following items, circle N=Normal, A=Abnormal, NS=Not Sure. If Abnormal, describe below

Appetite	N A NS	Defecation	N A NS	Eyes	N A NS
Attitude	N A NS	Water intake	N A NS	Ears	N A NS
Urination	N A NS	Activity level	N A NS	Breath	N A NS

Answer Y=Yes or N=No to the following symptoms. If Yes, describe below

Coughing	Y N	Blood in urine	Y N	Urinating/defecating in wrong place	Y N
Sneezing	Y N	Hard stool	Y N	Difficulty getting up or lying down	Y N
Vomiting	Y N	Limping	Y N	Difficulty seeing	Y N
Diarrhea	Y N	Staring at nothing	Y N	Difficulty hearing	Y N

If your pet is having problems now please describe _____

When did it start: _____