



Patient Information: (4 Pages)

Name _____ **Species** Dog Cat Other _____

Breed _____ **Color** _____ **Birthdate or Age** _____

Gender Male Castrated Female Spayed Male Intact Female Intact

Microchipped No Yes, # _____ **Weight** _____ Are there any temperament issues of which we should be advised of? No Yes _____

Human Companion Information: (Please update with any new or additional information)

Name _____ **Email** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Cell** _____ **Work** _____ **Occupation** _____

Who else has permission to make decisions on behalf of your pet? List name and contact information:

How did you hear about us _____

Referred by _____

Previous, current and future Veterinarians involved in this patients care:

Family Veterinarian _____ **Hospital** _____

Additional Veterinarian(s) _____ **Hospital(s)** _____

I understand that payment in full is due at time of services. I agree to assume financial responsibility for all professional fees, and agree to pay CCC when services are rendered. I understand that a fee of \$35.00 will be incurred for all returned checks or credit card fees. Additionally, a service fee of 10% will be charged monthly on all unpaid balances. CCC may also recover reasonable attorney's fees and court costs incurred as a result of my failure to pay in accordance with this authorization.

Signed: _____ **Date:** _____



Medical History Form

Patient _____ Human Companion _____ Date _____

Client Email: _____

Chief Complaint (reason for visit) _____

When was this first noticed? _____

Is it getting better or worse? _____

Is there a time of day or activity in which it is worse? _____

<u>Current Medication</u>	Tablet Size(mg)/Concentration (mg/ml)	Amount (i.e number of tabs/ml)	Frequency (times per day)	Date Started	Reason Started	Response (+/-)	Needs refills?

Do any of your pet's genetic relatives have heart disease? No if Yes, what type? _____

Heartworm tested? No If Yes then when? _____ Results _____

Heartworm Preventative? No If Yes then what Brand _____

Seasonal monthly Year-round monthly

Flea Preventative? No If Yes then what Brand _____

Date of last vaccinations? _____

Appetite: Normal Abnormal

Weight: Normal Weight loss Weight gain

Attitude/Energy: Normal Abnormal

Breathing: Normal Abnormal Rate While Sleeping: _____/min

Any Coughing: No if Yes, then when did it start _____

Associated with activity: No if Yes, then which activity(ies) _____

Associated with a particular time of day: No if Yes, then what time(s) _____ Wet

cough Dry cough

Any Weakness: No if Yes, then please describe _____

Any Collapse: No if Yes, then when and for how long _____

Any other extended history that we should be made aware of?

Are any general anesthetic events planned in the future? No If Yes, when _____

What procedure? _____



Cardiology Diet History Form

Patient _____ Human Companion _____ Date _____

1. **How is your pet's appetite?** Poor Fair Good Excellent Ravenous
2. **Has your pet ever been on a boutique/exotic/grain free/non traditional diet (contains legumes)?** Yes No
3. **Is your pet currently on a raw diet?** Yes No
4. **Does your pet have any known food allergies?** Yes No
5. **Please list all current pet foods, people food, treats, dental chews, rawhides, and anything else that your pet eats below.** Provide enough detail that we could buy the exact same food.

Food (include specific product and flavor):	Form:	Amount:	Frequency fed:	Fed since:

5. **Do you give any supplements (vitamins, fatty acids, glucosamine, antioxidants, etc.) to your pet?** Yes No
If yes, please include specific brand:

<u>Brand/Product</u>	<u>Amount per day</u>

6. **How do you administer medications?**

- N/A Directly in mouth In pets' food Treats/pill pockets In other food (list)



Photo Release:

I, the undersigned, hereby grant PetPulse Cardiology LLC, its representatives, and employees the right to take photographs of my pet, _____ (pet's name). I authorize PetPulse Cardiology LLC to use and publish the same in print and/or electronically.

I agree that PetPulse Cardiology LLC may use such photographs of my pet with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

Terms:

- I understand that no compensation will be provided for the use of these photographs.
- I have the right to revoke this consent at any time by providing written notice to PetPulse Cardiology. The revocation will not affect any actions taken before receipt of the revocation.

Signature:

- Owner's Signature: _____
- Date: _____