



MEDICAL INFORMATION

PET HEALTH RECORDS

Pets Name

Owners Name

Owners Emergency Details Whilst Away

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Species Canine / Feline / Rabbit / Bird / Fish DOB

Breed Desexed Y / N Microchipped Y / N

Normal Vet Contact Details Clinic Name **Phone**

Do you have pet insurance? Y/N Who is your provider?

What is the normal Diet /(please include brands) for your pet?

Does your pet have special dietary requirements?

Last annual check up / vaccination Type of vaccination C3 C4 C5

Has your pet ever had a reaction to medication? Y / N If yes please describe medication & reaction

Has your pet been to the vet in the last 12 months besides for an annual health check / vaccination? Yes / No
If so please describe circumstances.

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Is your pet on any medication? If so please describe and advise of dosage rates and instructions

Are there side effects we should be made aware of?

Has your pet ever had a serious illness? Y / N If he has recovered is a relapse possible? Y / N

Has your pet ever had a seizure? Y / N Date of last seizure Y / N

Has your pet ever been treated for a Urinary Tract infection / Irritation Y / N

Pancreatitis Y / N Arthritis? Y / N Feline Asthma Y / N

I give permission for Onsite Pet Care Services to seek medical treatment on my behalf for my pet

..... I understand that I will need to pay costs incurred and that I will be contacted

as soon as possible to discuss my pets condition and treatment. I also give permission for my

regular vet to provide any relevant information to Onsite Pets and any vet providing care for my pet.