



Caring Hands Animal Hospital



1541 West US Highway 90 Lake City, Florida 32055 • 386-752-8899 • Fax: 888-342-9193 • www.caringhandslc.com

My Pets' History and Important Information

1. Has your pet had any coughing, sneezing, vomiting, or diarrhea in the last 7 days? If yes, please explain.
2. Is your pet eating and drinking normally? If no, please explain.
3. Does your pet have past medical records at another facility? If so, do we have your permission to retrieve these records? If yes, from where?
4. Please provide your current phone number and state whether it is a cell or home phone.
5. What type of food is your pet eating?
6. Other than what your pet is scheduled for, are there any other concerns we should know about?
7. Please list all current medications and instructions.
8. Do you prefer text or email communication?

If any of the answers to these questions change before your pets' surgery date please call our office.