

**AAH New Patient Information Request**

Please complete this form so that we will be informed as to your pet's health condition and what you would like us to do today. Please be as complete and specific as possible. Also, please include a phone number that you can be reached at today so that the doctor may call you to discuss the visit.

Owner \_\_\_\_\_ Patient \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Have you joined our TeleVet Care communication app? Y or N

Breed \_\_\_\_\_ Age \_\_\_\_\_ Is your pet spayed or neutered? Y or N

Is this your first pet? Y or N Do you have other pets in the home? Y or N How many? \_\_\_\_\_

How long have you had this pet? \_\_\_\_\_ Has it seen a veterinarian yet? Y or N Who? \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

Has your new companion had any vaccines? Y or N Who gave the vaccines? \_\_\_\_\_

Which vaccines and when? \_\_\_\_\_

Has your pet had a fecal/intestinal worm check? Y or N or DK Has your pet been wormed? Y or N or DK

For cats, has s/he been tested for Feline Leukemia/FIV? Y or N For cats, will s/he go outdoors? Y or N

What food do you feed your pet? \_\_\_\_\_

**Appetite:** Normal / Increased / Decreased

**Stool:** Normal / Soft or Diarrhea / Constipation

**Drinking:** Normal / Increased / Decreased

**Physically Active ?** Y or N

**Coughing?** Y or N

**Urination:** Normal / Increased / Decreased

**Scratching?** Y or N

**Vomiting ?** Y or N

Any problems so far either physically or behaviorally? If so, please explain \_\_\_\_\_

\_\_\_\_\_

How is potty training going?(if applicable) \_\_\_\_\_

Social Media/Photo Permission: Do we have your permission to post photos of your pet online? Yes or No

Owner Release: I understand that all precautions will be taken against injury, escape, or death of my pet. The Hospital and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by staff veterinarians and I assume financial responsibility for all treatments received.

Have you had contact with anyone who has tested positive for COVID-19 in the past 14 days? Yes or No

OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_