

AAH SICK Patient Information Request

Please complete this form so that we will be informed as to your pet's issues and/or symptoms 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 in the event that we have further questions and so the doctor may discuss treatment plans with you.

Owner _____ Patient _____ Phone _____

Email Address: _____ Have you joined our TeleVet Care communication app ? Y or N

Breed _____ Age _____ Is your pet spayed or neutered? Y or N

**Issue/Symptoms: _____

When the problem began? _____ Treated for before? When? _____

Pet current on vaccines, including Rabies? Y or N Vaccinated at our clinic? Y or N Where? _____

Is the patient on medications, including Heartworm medication? Y or N Which ones? _____

Any current medications NOT prescribed by our doctors? Y or N Which ones? _____

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|--------------------------------------------------------------|--------------------------------------------------------|-------------------------------|
| 1. <u>Appetite</u> : Normal / Increased / Decreased | 2. <u>Vomiting</u> ? Y or N | 3. <u>Diarrhea</u> ? Y or N |
| 4. <u>Drinking</u> : Normal / Increased / Decreased | 5. <u>Lethargic</u> ? Y or N | 6. <u>Coughing</u> ? Y or N |
| 7. <u>Urination</u> : Normal / Increased / Decreased | 8. <u>Straining</u> ? Y or N | 9. <u>Scratching</u> ? Y or N |
| 10. <u>Limping</u> : Y or N if so, Front / Back Left / Right | 11. <u>Painful</u> ? Y or N if so, where? _____ | |
| 12. <u>Shaking Head</u> ? Y or N | 13. <u>Lumps/Bumps</u> ? Y or N If so, where? _____ | |
| 14. <u>Weight Loss/Gain</u> ? Y or N | 15. <u>Behavioral Changes</u> ? Y or N describe _____ | |
| 16. Is your cat indoor only? Y or N | 17. Any other information that may important?
_____ | |

17. Some pets require sedation for exams and painful procedures. May we sedate if necessary? Yes or No

18. When was the last time your pet ate or drank? What do they eat? _____

19. Some pets require bloodwork, may we perform bloodwork if necessary? Yes or No

21. Would you like a call from the staff before procedures or testing begin? Yes or No

If your pet will be hospitalized, you may be asked to leave a deposit based on an estimate of services. It is typically 50% of the estimate with the remainder due in full when the pet is discharged.

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.

OWNERSIGNATURE _____ DATE _____