

AAH ANNUAL WELL 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 _____ State _____ 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

Previous veterinarian for records _____

Reason for today's visit: _____

Is your pet current on vaccines, including Rabies? Y or N Fecal/Intestinal worm check? Y or N

Is your pet current on **Heartworm preventive**? Y or N **Flea/Tick meds**: Y or N If so, which products _____ If **feline**, does it go outdoors? Y or N

Is the patient currently prescribed any other medications? Y or N Please list ALL medications AND any supplements your pet receives _____

Does your pet have any allergies to medications or food or environmental? Y or N Which ones? _____

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 **Bad Breath:** Y or N

Painful? Y or N if so, where? _____ **Shaking Head?** Y or N

Lumps/Bumps? Y or N If so, where? _____ **Weight Loss/Gain?** Y or N

Any other problems? Either physically or behaviorally? If so, please list and/or explain _____

What kind of food do you feed your pet? _____

Have you or anyone that you have close contact with tested positive for COVID-19 in the past 14 days? Yes or No

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.

OWNER SIGNATURE _____ DATE _____