



WELCOME TO AHNA!

Whether you are new to our hospital or have been here previously with another pet, we want you to know you are a very important part of your pet's health care team. The information you provide about your pet is vital to our doctors' ability to identify or prevent health problems. Please do not hesitate to ask any questions concerning any aspect of your pet's care.

If you are a new client please tell us how you heard about us: _____

If a friend referred you to us, please tell us their name so we can thank them: _____

Your pet's annual comprehensive physical, vaccination reminders and monthly newsletter are all sent to you by email. Please print your email address here: _____

Now let's learn more about your pet! We want your pet to enjoy this visit! Please help us by telling the assistant and veterinarian what your pet likes and dislikes. Please always feel free to speak up.

How is your pet feeling about being here? (Please circle)



RELAXED



TERRIFIED



SUPER TERRIFIED

Is it OK for us to give your pet food rewards (treats)? : YES NO

Has your pet ever had an **adverse medical reaction** to any type of vaccination, medication or anesthetic? YES NO

HISTORY AND ENVIRONMENT:

How long has your pet lived with you? _____

Where did you get your pet? Breeder / Private home / Shelter / Pet Store / Stray

Please list other pets in household (type and number, such as, dogs-2, cats-1) : _____

Does your pet frequent daycare, boarding facilities, dog parks or travels outside of NC? YES NO

Does your pet go outdoors? YES NO

Does your pet ever drink from streams, lakes, creeks, or rivers? YES NO

Has your pet been treated for any previous illnesses, accidents, or surgeries? YES NO

Has your pet been spayed or neutered? Age performed _____

Has your pet had his / her teeth professionally cleaned? If "yes" how recent: _____

Do you do any at home dental care? If so what and how often? _____

PLEASE TURN OVER AND CONTINUE ON THE BACK PAGE

DIET:

What type of food does your pet currently eat? Dry / Canned / Other

Brand, Amount and Frequency: _____

Does your pet receive any vitamins or supplements? _____

Does your pet eat people food? Treats? YES NO

Does your pet have food sensitivities or allergies to anything? _____

MEDICATIONS:

Do you give heartworm/parasite preventative to your pet?

Name of medication: _____ Date of last dose: _____

Do you apply topical or administer oral flea or tick treatments to your pet?

Name of treatment: _____ Date of last dose: _____

Has your pet ever been prescribed medicine to help with a visit to the veterinarian? YES NO

Please list all other medications that your pet takes or uses: _____

Have you noticed?

No / Yes *a change in appetite?

No / Yes * weight gain or loss? muscle gain or loss?

No / Yes *itching or scratching, fleas or ticks?

No / Yes *lumps, bumps, non-healing sores, or swellings or changes in grooming?

No / Yes *lameness, difficulty on stairs, or stiffness when rising?

No / Yes *decreased energy level or disinterest in exercise or social activities?

No / Yes *coughing, sneezing, or difficulty breathing?

No / Yes *vomiting?

No / Yes *change in bowel movements (consistency or frequency)?

No / Yes *increased drinking or increased urination?

No / Yes *straining to urinate, taking a long time to urinate, accidents in home?

No / Yes *eye problems (vision, discharge, change in appearance or color of eye)?

No / Yes *ear problems (head shaking, scratching, odor, discharge)?

No / Yes *dental problems (bad breath, swelling, tartar, sensitivity)?

No / Yes *other problems or evidence of pain?

No / Yes *behavior problems you would like to discuss? any change in attitude? increase in stress?

No / Yes * does your pet get carsick or stressed when traveling?

Do you have any other concerns today you would like to discuss with the veterinarian at this visit?

Please fill out and sign the next page

OFFICE POLICIES

To allow for ample time for all patients and surgical procedures, AHNA operates by appointment only. We accept emergencies however there may be a wait if the patient is assessed to be stable. Please call ahead if possible and inform us if you are coming in on short notice. We request all our clients be on time for scheduled appointments and procedures. Please notify us as soon as possible if you need to cancel an appointment and we will be happy to reschedule it for you.

For your pet's protection, please arrive with all dogs on a 6 foot non-retractable leash. Prong collars are not allowed. And please arrive with all cats in their carrier and a towel over top to help minimize stress. We are happy to arrange for fearful or stressed pets to enter through the side entrance directly into the exam room. Please let us know when you arrive and we can make arrangements with your exam room nurse.

We are happy to fill your prescriptions or have your food order ready for pick up when you need them. Please call ahead with enough notice (preferable 24hrs) and we will have your order ready when you arrive. ***If your pet has not been seen within 12 months by a doctor, your medicine and food will not be refilled until an appointment is made.***

We love social media! Do we have permission to share your pet's image and story on our social media, website, facebook, and other forms of related media? Your personal information will never be shared. **YES / NO**

If your pet is past due on the Rabies vaccination our veterinarians can decline examination unless this is updated today. The exception to this would be if your pet has a medical condition that would contraindicate this. You, the owner, agree to assume the responsibility for the care and actions of your pet. Rabies vaccination is required under North Carolina Law. If any pet bites anyone at AHNA, by law, a rabies control officer must be notified and the pet may be quarantined. Quarantine requirements may be stricter for pets not current on the rabies vaccination.

We gladly accept cash, debit, all major credit cards and checks. We also offer Care Credit financing to help make the highest quality care accessible to all our patients. We also work with all types of pet insurance, but encourage families to research their individual fee schedule for best possible coverage.

I understand that payment is **ALWAYS DUE IN FULL** at the time of service. I recognize that financial concerns should be discussed PRIOR to exam and treatment.

I certify I am the owner and hereby authorize the veterinarian to examine, prescribe for or treat the below patient. I assume responsibility for all charges incurred in the care of this animal.

Owner's Name: _____ (Printed)

Patient Name: _____ (Printed)

Owner's Signature _____ Date: _____

Please keep completed questionnaire with you until the Exam Room Nurse escorts you into the exam room
