

Welcome



Help Us to Best Serve
Your Pet

Today's date: ____/____/____

CLIENT INFORMATION:

First name: _____ MI: _____ Last name: _____

Spouse's name, or anyone that will be involved with this pet or pets _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ 2nd email: _____

Employer _____ Employer's address _____

How did you hear about us?

Yellow Pages _____ Newspaper _____ Sign _____ Website _____ Other _____

Personal recommendation _____ Reference? _____

Payment is required at the time of service. For your convenience, we accept MasterCard, Visa, American Express, Cash or Check (with a valid driver's license)

Please check one: Cash__ Check__ Debit/Credit__.

Reminders: Communication with our clients is a key component for Atlanta West Veterinary Hospital. We are able to send our clients reminders for their pet's appointments in a number of ways. Which of the following would you prefer?

- Text Message to Cellphone number # ____ - ____ - ____
- Email
- Mail to home address
- Call me at # ____ - ____ - ____
- Do Not Remind Me of Upcoming Appointments/Vaccination Due Dates/etc

Signature of client responsible for pet(s) _____ Date _____

Comprehensive Pet History

Please Fill Out Patient Form on Back if Your Pet Hasn't Visited Recently

Comprehensive Patient Form

Client Name: _____ Patient Name: _____
 Sex/De-sexed: _____ Age: _____ Species: _____
 Reason for Visit: _____ Color: _____

Question:	Yes	No	Unsure
Has your address or phone number recently changed?			
Is this your first pet or visit?			
Are you aware that pet insurance is an available option?			
Has your pet been seen for the same condition recently?			
Are your pet's vaccinations up to date?			
Has your pet been tested for internal parasites within the past 6 months?			
Is your pet on heartworm, flea/tick prevention? If yes, what product?			
Have you seen your pet passing any worms?			
Any injury or illness in the past 30 days?			
Does your pet have a history of seizures?			
Is your pet currently on any medications? If yes, which medications?			
Is your pet allergic to any medications? If yes, which medications?			

How often do you feed your pet? _____ **What do you feed your pet?** _____

Do you feed your pet table scraps?			
Does your pet have any food intolerances? If yes, which food(s)?			
Did your pet eat this morning? If yes, what time?			
Normal appetite?			
Normal weight?			
Normal water consumption?			
Normal bowel movements?			
Normal urination?			
Any Abnormal Vomiting?			
Any Abnormal Coughing?			
Any Abnormal Sneezing?			
Any Abnormal Gagging?			
Any Restlessness?			
Excessive Head Shaking?			
Excessive Scratching?			
Any Significant Hair Loss?			
Scotting?			
Unusual Lumps or Bumps?			
Bad Breath?			
Unusual Discharge?			
Lameness? If yes, where?			
Any Difficulty Rising?			
Stiffness?			
Any Behavioral Changes?			
Do you wish to be present when your pet is examined?			
Anything else we should know about your pet? Explain please.			

