



# Avonlea Animal Hospital

EXCELLENT VETERINARY CARE & SUPERIOR CUSTOMER SERVICE

### Please tell us a little about yourself...

Mr.  Mrs.  Miss.  Ms.  Dr.

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

UNIT # \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

EMERGENCY # (CELL PHONE) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

How did you hear about us? Sign \_\_\_ Phone Book \_\_\_ Internet \_\_\_ Other \_\_\_

Referral - Whom can we thank? \_\_\_\_\_

How do you prefer to be contacted for reminders? Email \_\_\_ Phone \_\_\_ Letter \_\_\_

### Now, please tell us a bit about your pet(s)...

NAME \_\_\_\_\_ SPECIES \_\_\_\_\_

BREED \_\_\_\_\_ COLOUR \_\_\_\_\_

DATE OF BIRTH/APPROX. AGE \_\_\_\_\_

SEX: Male \_\_\_ Female \_\_\_ Unknown \_\_\_ **Is your pet neutered/spayed?** YES NO

Previous veterinary hospital name \_\_\_\_\_

Please list all allergies, diet requirements and specific health concerns.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WE ACCEPT CASH, VISA, MASTERCARD AND INTERAC PAYMENTS WHEN SERVICES ARE RENDERED.  
SORRY NO CHEQUES.**



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## Feline Observation Form:

How long has your cat lived with you? \_\_\_\_\_

How long ago was your cat's last visit to the veterinarian?

\_\_\_ Less than 1 year \_\_\_ 1-2 years \_\_\_ 2+ years \_\_\_ Never been



Health assessment and vaccination History (mm/dd/yr): \_\_\_\_\_

Diet fed: Canned \_\_\_\_\_ Kibble \_\_\_\_\_

### Do any of these situations apply to your cat? Check all that apply:

- \_\_\_ Has been tested for FIV and FeLV
- \_\_\_ Has been vaccinated for FIV/Felv
- \_\_\_ Has been outside unsupervised
- \_\_\_ Was in a fight with another cat
- \_\_\_ Was exposed to cat(s) with unknown vaccine status
- \_\_\_ Was a stray or adopted from a shelter
- \_\_\_ Lives in a household with cats with unknown vaccine status
- \_\_\_ Lives in a household with a recently adopted or stray cat

### Has your cat exhibited any of these clinical symptoms?

- \_\_\_ Diarrhea \_\_\_ Increased drinking \_\_\_ Bad breath \_\_\_ Lethargy \_\_\_ Weight loss
- \_\_\_ Weight gain \_\_\_ Vomiting \_\_\_ Dandruff \_\_\_ Increased appetite \_\_\_ Decreased appetite
- \_\_\_ Matted fur \_\_\_ Skin sores \_\_\_ Increased grooming \_\_\_ Decreased grooming
- \_\_\_ urine outside litter box \_\_\_ Defecation outside litter box \_\_\_ Decreased jumping up
- \_\_\_ Resentment of petting/brushing \_\_\_ Decreased vision \_\_\_ Vocalization

Do you have pet insurance for your cat? \_\_\_ Yes \_\_\_ No

Do you have any other pets in the home? \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Insurance \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Insurance \_\_\_ Yes \_\_\_ No

**Thank you for choosing us!**



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## Canine Observation Form:

How long has your dog lived with you? \_\_\_\_\_

What do you feed your dog? Kibble \_\_\_\_\_ Can \_\_\_\_\_ Treats/human food \_\_\_\_\_

How long ago was your dog's last visit to the veterinarian?

\_\_\_ Less than 1 year \_\_\_ 1-2 years \_\_\_ 2+ years \_\_\_ Never been



Health assessment and vaccination History (mm/dd/yr): \_\_\_\_\_

Heartworm/tick disease test history (mm/dd/yr): \_\_\_\_\_

Name of heartworm/tick disease medication prevention used: \_\_\_\_\_

Do any of these situations apply to your dog? Check all that apply:

- \_\_\_ Goes to boarding facilities/will be going to boarding facilities in future
- \_\_\_ Goes to cottage or camping
- \_\_\_ Goes to the groomer
- \_\_\_ Goes to leash-free parks
- \_\_\_ Often comes in contact with unfamiliar dogs

- \_\_\_ Swims, drinks, or lives close by to bodies of water (lakes, rivers, ponds, etc.)
- \_\_\_ Lives in a household with a recently adopted or stray dog
- \_\_\_ Hiking and/or walks along wooded trails

Has your dog exhibited any of these clinical symptoms?

- \_\_\_ Fever \_\_\_ Diarrhea \_\_\_ Coughing \_\_\_ Lethargy \_\_\_ Increased drinking \_\_\_ Decreased drinking
- \_\_\_ Weight loss \_\_\_ Weight gain \_\_\_ Vomiting \_\_\_ Increased appetite \_\_\_ Decreased appetite
- \_\_\_ Urine/stool accidents in house \_\_\_ Difficulty getting up \_\_\_ Lagging on walk \_\_\_ Decreased vision
- \_\_\_ Dandruff \_\_\_ Skin sores \_\_\_ Ear infection \_\_\_ Panting \_\_\_ Bad breath \_\_\_ Decreased hearing

Do you have pet insurance for your dog? \_\_\_ Yes \_\_\_ No

Do you have any other pets in the home? \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Insurance \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Insurance \_\_\_ Yes \_\_\_ No

**Thank you for choosing us!**