



# Avonlea Animal Hospital

EXCELLENT VETERINARY CARE & SUPERIOR CUSTOMER SERVICE

Please tell us a little about yourself...

Mr.  Mrs.  Miss.  Ms.  Dr.  Other: \_\_\_\_\_

SURNAME \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

MAIN PHONE # \_\_\_\_\_ SPOUSE CELL PHONE # \_\_\_\_\_

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

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

How did you hear about us? Sign  Family/Friend  Internet  Other

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

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

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.

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



## 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Has been tested for FIV and FeLV                           | <input type="checkbox"/> Has been vaccinated for FIV/Felv                          |
| <input type="checkbox"/> Has been outside unsupervised                              | <input type="checkbox"/> Was in a fight with another cat                           |
| <input type="checkbox"/> Was exposed to cat(s) with unknown vaccine status          | <input type="checkbox"/> Was a stray or adopted from a shelter                     |
| <input type="checkbox"/> Lives in a household with cats with unknown vaccine status | <input type="checkbox"/> 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!





## 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Goes to boarding facilities/will be going to boarding facilities in future | <input type="checkbox"/> Swims, drinks, or lives close by to bodies of water (lakes, rivers, ponds, etc.) |
| <input type="checkbox"/> Goes to cottage or camping   | <input type="checkbox"/> Lives in a household with a recently adopted or stray dog                        |
| <input type="checkbox"/> Goes to the groomer  | <input type="checkbox"/> Hiking and/or walks along wooded trails  |
| <input type="checkbox"/> Goes to leash-free parks   |   |
| <input type="checkbox"/> Often comes in contact with unfamiliar dogs                                |   |

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!