



ANIMAL AMOUR PET CARE CENTER MEDICAL INFORMATION & HISTORY

In order to expedite your pet's visit to our clinic, this form can be downloaded and completed prior to your visit. The information requested below tells us the things that you want the doctor to do for your pet. Therefore, it is VERY IMPORTANT for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. **Thank you.**

Owner's Name _____ Date _____

Current Email Address: _____

Best contact phone number(s): _____

Pet's Name _____ Breed _____ Age _____ Male Female

Purpose of Today's Visit _____ WT. _____

Has your Dog been tested for Heartworms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your Dog on Heartworm Preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your Cat been tested for Feline Leukemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	has your Cat been tested for Feline AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your Pet been vaccinated within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want your Pet's vaccinations updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your Pet had any problems with Fleas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Admitting Flea Treatment will be done for ALL pets.	

HISTORY and SYMPTOMS

Has your pet shown any of the following signs or symptoms?

___ Vomiting	How long? _____	___ Gagging	How long? _____
___ Diarrhea	How long? _____	___ Rubbing ears	How long? _____
___ Not eating	How long? _____	___ Shaking head	How long? _____
___ Listless	How long? _____	___ Scooting	How long? _____
___ Weakness	How long? _____	___ Scratching	Where? _____
___ Coughing	How long? _____	___ Painful	Where? _____
___ Sneezing	How long? _____	___ Limping	Which leg? _____
___ Abnormal urination	How long? _____	___ Wounds	Where? _____

Please add anything else we need to know about your pet's health _____

CHECK the Health Care Services that your pet needs today.

TESTS & SERVICES:

___ Comprehensive Physical Examination
 Main Problem to check: _____
 ___ Intestinal Parasite Exam
 ___ Deworm, if needed
 ___ Heartworm Test
 ___ Microchip Identification
 ___ Clean Ears/Flush Ears
 ___ Nail trim &/or Anal glands expressed
 ___ Bath or Grooming
 ___ Dental cleaning of teeth
 ___ Radiographs of _____
 ___ Other _____

VACCINATIONS: (Physical Examination done with all vaccinations)

DOGS:
 ___ Complete Annual Health Package (Vaccines & Tests)
 ___ Basic Annual Health Package (Vaccines Only, No Tests)

CATS:
 ___ Annual Health Package
 ___ Feline Leukemia & AIDS Test

PUPPIES AND KITTENS:
 ___ First Vaccinations
 ___ Continue Vaccination Series
 ___ Bring Records from Breeder or prior Veterinarian

May we sedate/anesthetize your pet if necessary for procedures? Yes No call you first.

Our staff will provide you with a health plan for all services selected prior to onset of any procedures. Please call the office (770-472-3516) after 2:00 pm to check on progress if we have not contacted you.

Your Signature _____ Are you the owner? _____

This gives us permission to follow your instructions. A deposit is required on medical cases that are admitted to the hospital. Payment in full is required when your pet is discharged from the clinic.

I plan to pay today with: Cash Debit Credit Card