

ARDMORE ANIMAL HOSPITAL

A Medical and Surgical Facility • Professional Grooming

24 E. Athens Avenue Ardmore, PA 19003 610.642.1160



The information requested tells us what you want us to do for your pet. 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. If it will be difficult for us to reach you, we will supply a beeper for you to use. Please return our call within 15 minutes of being beeped. Also, return the beeper to the Ardmore Animal Hospital upon discharge of your pet. Thank you.

Owner's name _____ Date _____

Pet's name _____ Species _____ Sex _____ Age _____

Phone number where you can be reached today _____ or

Request the use of a beeper _____ (place an x if needed)

If your pet well? _____

Is your pet sick? _____

List and check all the things we should do for your pet today

TESTS AND SERVICES:

- ___ Physical exam (required before any vaccine will be given)
- ___ Fecal check (recommended yearly)
- ___ Heartworm test (recommended yearly)
- ___ Feline Leukemia/FIV test
- ___ Nail clip
- ___ Express anal glands
- ___ Clean ears

VACCINATIONS:

- ___ Any that are due (might not be given if pet is not well)
- ___ DHLPP (dogs)
- ___ Lyme (dogs)
- ___ Bordetella/Kennel cough (dogs)
- ___ Rabies (all pets-required by state law)
- ___ FVRCP(cats)
- ___ Feline Leukemia (cats)

Please check ANY and ALL signs you have noticed:

- ___ Vomiting? Duration _____
Frequency _____
- ___ Diarrhea? Duration _____
Frequency _____
- ___ Constipation? Duration _____
- ___ Coughing? Duration _____
Frequency _____
- ___ Gagging? Duration _____
Frequency _____
- ___ Sneezing? Duration _____
Frequency _____
- ___ Scratching? Where? _____
Duration _____
- ___ Shaking head? Duration _____

- ___ Limping Duration _____
Which Leg? _____
- ___ Difficulty Walking? Explain _____
- ___ Lethargy Duration _____
- ___ Abnormal breathing? Explain _____
- ___ Abnormal Appetite? Explain _____
- ___ Change in water consumption? Explain _____
- ___ Abnormal Urination? Explain _____
- ___ Weight loss?

____ Scooting? Duration _____
____ Lump(s)? Where _____

Is there any other abnormal behavior that we should be aware of?

Has there been ANY change in your pet's diet within the last 7 days?

Explain: _____

Cats: Is your cat strictly indoor _____ indoors and outdoors _____

If your cat goes outside, when was the last time he/she was out? _____

Dogs: Is your dog strictly leash walked? _____ roams freely in yard _____

If your pet is sick, do we have your permission to do blood work if we feel it is necessary? _____

Do we have permission to take radiographs (x-rays) if we feel it is necessary? _____

If we do need to take radiographs, please be aware that sedation is sometimes necessary. May we sedate your animal if we need to? _____

Has your pet eaten today? _____ - If so, when _____

Is your pet on any medication? _____

If so, please list _____

Has your pet had any today? _____

Please add anything else we should know or do today:

Your signature _____

Are you the owner? _____

Please call the office by 1pm to check on progress and in case we haven't been able to get in touch with you.

Please be prepared to pay your bill in full upon discharge of your pet. We accept cash, checks, VISA and MasterCard. Thankyou.