

Avenue Animal Hospital  
 1725 N. Mount Juliet Road  
 Mount Juliet, TN 37122  
 615-553-4855  
 www.aahtn.com



**Annual/Wellness Drop Off Form**

**Client Name:** \_\_\_\_\_ **Pet Name:** \_\_\_\_\_

**What is the best phone number to reach you today?**

The doctor will conduct a thorough physical exam and confirm that your pet is healthy. Please indicate your approval for services by checking the appropriate boxes. Also, please provide us with any additional information requested below so that we may better serve you and your pet today.

<input type="checkbox"/> <b>Vaccinations</b>  <input type="checkbox"/> <b>Annual Heartworm Test</b>	<input type="checkbox"/> <b>Annual Parasite Screen</b>  <input type="checkbox"/> <b>Annual Bloodwork</b>	<input type="checkbox"/> <b>Routine/Therapeutic Bloodwork.</b> <b>Please List:</b>  <b>When was medication last given?</b>
<p><b>Has your pet been having any issues or concerns lately that you want brought to the doctors attention? If so, please describe in detail below:</b></p>          <p><b>In order to diagnose your pet's condition, additional diagnostic testing may be required. Do you authorize tests if the doctor feels they are warranted?</b></p> <input type="checkbox"/> Yes, proceed with any doctor recommended testing. <input type="checkbox"/> No, please contact me once a physical exam has been conducted to discuss testing and treatments. <small>(This does not include costs of services that are already authorized on this form.)</small>		
<p><b>What kind of food does your pet eat?</b></p> <input type="checkbox"/> Dry food, which kind: <input type="checkbox"/> Canned food, which kind: <input type="checkbox"/> People food:  <p><b>When is the last time your pet ate/drank?</b></p>	<p><b>Any additional services you request today?</b></p> <input type="checkbox"/> Bath <input type="checkbox"/> Nail Trim <input type="checkbox"/> Ear Cleaning <input type="checkbox"/> Anal Gland Expression <input type="checkbox"/> Other. Please list:	
<p><b>Please list any medications (prescribed or over the counter) that your pet is taking:</b></p>  <p> <b>Is your pet current on Flea/Tick Prevention?</b>    <input type="checkbox"/> Yes, which kind:    <input type="checkbox"/> No  <b>Is your pet current on Heartworm Prevention?</b>    <input type="checkbox"/> Yes, which kind:    <input type="checkbox"/> No  <b>Do you need any medications refilled today?</b>    <input type="checkbox"/> Yes. Please list:    <input type="checkbox"/> No         </p>		

**Some pets and procedures benefit from sedation. Should this apply to your pet, do you authorized sedation today?**     Yes     No

Drop off exams are offered for your convenience. Your pet will be examined when the doctor's schedule allows. (Critical cases will be seen immediately). Discharge times will be between 5-6 pm unless otherwise discussed. Per hospital policy, payment is due once services are rendered and before pet is discharged from hospital. We accept cash, check, all major credit cards and Care Credit.

\_\_\_\_\_  
 Signature