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

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.

☐ **Vaccinations** ☐ **Annual Heartworm Test**	☐ **Annual Parasite Screen** ☐ **Annual Bloodwork**	☐ **Routine/Therapeutic Bloodwork.** **Please List:** **When was medication last given?**

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:

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?

☐ Yes, proceed with any doctor recommended testing.
☐ No, please contact me once a physical exam has been conducted to discuss testing and treatments.
(This does not include costs of services that are already authorized on this form.)

What kind of food does your pet eat? ☐ Dry food, which kind: ☐ Canned food, which kind: ☐ People food: **When is the last time your pet ate/drank?**	**Any additional services you request today?** ☐ Bath ☐ Nail Trim ☐ Ear Cleaning ☐ Anal Gland Expression ☐ Other. Please list:

Please list any medications (prescribed or over the counter) that your pet is taking:

Is your pet current on Flea/Tick Prevention? ☐ Yes, which kind: ☐ No
Is your pet current on Heartworm Prevention? ☐ Yes, which kind: ☐ No
Do you need any medications refilled today? ☐ Yes. Please list: ☐ No

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