

Office use only

Chart #

Client:

Patient:

Appointment: History Form

Acredale Animal Hospital

Please read through the following questions, and answer in as much detail as possible. If you can fill out this form and email it back to us at aahreception@gmail.com it will help us prepare for your pet's visit and help reduce your wait time at our practice. An assistant may contact you prior to your appointment or when you have arrived at our practice to ask further questions or clarification on some answers. This will help the doctor formulate a diagnostic and treatment plan.

Our goal is to continue to give your pet the best care even during these unusual times when you cannot have a normal face to face meeting with our staff.

What is the primary reason you are having your pet examined today? (i.e. annual exam/ vaccines, vomiting, diarrhea, itchy skin, lameness, etc.)

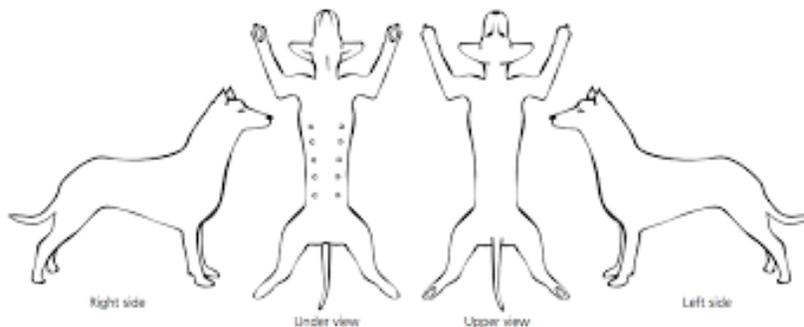
If you listed a problem, approximately how long ago did you first observe it?

In addition to the primary purpose of your visit, have you noticed any other changes or problems with your pet?

Has your pet been boarded recently or attended doggy daycare or dog parks? No ___ Yes ___

When? _____

Please mark the location of any lesion/ or mass that you are concerned about on the diagram below so that the staff can easily find it in your absence: Instructions for drawing using Adobe Reader are on the next page of this form.



What heartworm/parasite control do you use for your pet?

How many months a year do you use this product?

If your pet takes a separate flea/tick product in addition to heartworm prevention, please specify.

How many months a year do you use this product?

Diet:

What do you currently feed your pet?

How much do you feed per day? (Number of measuring cups)

Recent Diet or Treat Changes? Yes No If you answered yes, please describe briefly.

Has your pet eaten anything they shouldn't have? Yes No If you answered yes, please describe briefly.

Does your pet spend anytime outside unattended, even if in fenced yard? Yes No

Is your pet currently receiving any prescribed or OTC medication(s)?

Medication	mg/ strength	frequency	Last given?

Thank you for taking the time to fill this form out. It will help us better attend to your pet's needs. Filling it out and emailing it to aahreception@gmail.com prior to your appointment may help us reduce the amount of time you will need to wait in our parking lot and will improve the accuracy of your pet's records.

If you cannot fill it out electronically and prefer to complete by hand and bring to your appointment you are welcome to do so. We are just asking everyone who is comfortable completing it electronically and emailing it to do so. It can help further reduce the spread of COVID-19.

If you have any photos of lesions or other items that would help us assess your pets problem you can upload and attach them below. Clicking on a box below will allow you to upload an image from your computer/device.

Instructions for marking on the diagrams on previous page.

Click on "Tools" or "View" to bring up the "Comment" side bar.

Then click on "Comment". A "Comment" bar will appear at the top. About midway across the screen will be something that looks like a pencil. Click on the pencil(drawing tool) and you can then mark on the diagrams.

If you need a more thorough explanation you can go to the following YouTube video:

https://www.youtube.com/watch?v=E_3N1foNosg