

Opelika Animal Hospital Pet Health Questionnaire

Today's Date: _____ Pet's Name: _____

Owners Names: _____ Contact Number: _____

Email Address: _____

Have you had a change in your address and/ or phone number since your last visit? If so, please provide below:

Reason for today's visit: _____

In order for us to keep your pet as healthy as possible, please answer the questions below:

- | | | |
|---|-----|----|
| 1. Is your pet coughing? | YES | NO |
| 2. Do you notice bad breath? | YES | NO |
| 3. Do you notice increased drinking or thirst? | YES | NO |
| 4. Does your pet limp or have difficulty getting up? | YES | NO |
| 5. Does your dog take heartworm prevention?
If yes what type? _____ | YES | NO |
| 6. Have you noticed any lumps or growths on your pets? | YES | NO |
| 7. Does your pet scoot on his/her bottom? | YES | NO |
| 8. Does your pet have chronic anal gland issues? | YES | NO |
| 9. Does your pet scratch or bite frequently? | YES | NO |
| 10. Does your pet shake or scratch his/her ears? | YES | NO |
| 11. Have you seen any fleas or ticks in the last 30 days? | YES | NO |
| 12. Does your pet currently take flea and tick prevention?
If yes what type? _____ | YES | NO |
| 13. Is your pet spayed and/or neutered? | YES | NO |
| 14. What age do you believe your pet is on today's date? _____ | | |
| 15. Are you interested in having your pet microchipped in case he/she is lost? | YES | NO |
| 16. If applicable, does your cat EVER go outside? | YES | NO |

Would you like any of the following additional services performed while your pet is here today? Additional fees will apply.

Bath	YES / NO	Microchipping	YES / NO	Ultrasonic teeth cleaning	YES / NO
Nail trim	YES / NO	Clean Ears	YES / NO		
Anal glands expressed	YES / NO	SPAY or NEUTER	YES / NO		

****PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED****

We accept CASH, CHECK, VISA, MASTERCARD and DISCOVER

I, the undersigned owner or authorized agent of the above admitted patient, hereby authorize the doctors of Opelika Animal Hospital to administer such treatment as is necessary and to perform procedures. I assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release. I understand that unpaid balances over 30 days are subject to a monthly 1.5 % finance charge. Any returned checks will accrue a \$30 service charge and Opelika Animal Hospital will no longer accept checks as a form of payment.

Signature of owner/agent: _____ Date: _____