

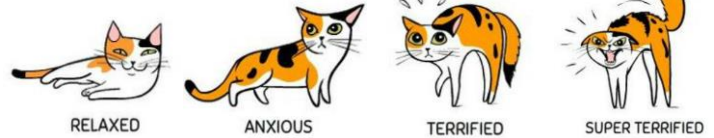


# Welcome to the A.H.N.A. for your feline companion's Annual Comprehensive Physical Exam

**Patient Name:** \_\_\_\_\_

Welcome back to AHNA for your cat's annual exam! One of the best things you can offer your cat is a healthy life. You are a very important part of your cat's health care team. The information you provide about your cat is vital to our doctors' ability to identify or prevent health problems. Please do not hesitate to ask any questions concerning any aspect of your cat's care.

How does your cat feel about being here? (please circle)



Have you noticed? (Please circle)

- No / Yes \*a change in appetite?
- No / Yes \* weight gain or loss? muscle loss?
- No / Yes \*itching or scratching, fleas or ticks? changes in grooming?
- No / Yes \*lumps, bumps, non-healing sores, or swellings?
- No / Yes \*lameness, difficulty on stairs, or stiffness when rising?
- No / Yes \*decreased energy level? disinterested in social activities or exercise?
- No / Yes \*coughing, sneezing, or difficulty breathing?
- No / Yes \*vomiting?
- No / Yes \*change in bowel movements (consistency or frequency)?
- No / Yes \*increased drinking or increased urination?
- No / Yes \*straining to urinate, taking a long time to urinate, accidents in home?
- No / Yes \*eye problems (vision, discharge, change in appearance or color of eye)?
- No / Yes \*ear problems (head shaking, scratching, odor, discharge)?
- No / Yes \*dental problems (bad breath, swelling, tartar, sensitivity)?
- No / Yes \*other problems or evidence of pain?
- No / Yes \*behavior problems you would like to discuss? changes in attitude? increase in stress?
- No / Yes \*does your cat get carsick or stressed when traveling

No / Yes Does your cat ever go outdoors or come in contact with other cats

No / Yes Have your cat received monthly heartworm preventative EVERY month? (Brand: \_\_\_\_\_)

List medications your pet currently receives: \_\_\_\_\_

What diet is your cat currently on? Please include brand names, amounts, frequency, treats, people food and other): \_\_\_\_\_

**Have there been any changes since your last visit to your address, phone number? NO YES:** \_\_\_\_\_

**Please write your current email address here:** \_\_\_\_\_

**Please fill out and sign the reverse side of this form**

## OFFICE POLICIES

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To allow for ample time for all patients and surgical procedures, AHNA operates by appointment only. We accept emergencies however there may be a wait if the patient is assessed to be stable. Please call ahead if possible and inform us if you are coming in on short notice. We request all our clients be on time for scheduled appointments and procedures. Please notify us as soon as possible if you need to cancel an appointment and we will be happy to reschedule it for you.

For your pet's protection, please arrive with all dogs on a 6 foot non-retractable leash. Prong collars are not allowed. And please arrive with all cats in their carrier and a towel over top to help minimize stress. We are happy to arrange for fearful or stressed pets to enter through the side entrance directly into the exam room. Please let us know when you arrive and we can make arrangements with your exam room nurse.

We are happy to fill your prescriptions or have your food order ready for pick up when you need them. Please call ahead with enough notice (preferable 24hrs) and we will have your order ready when you arrive. ***If your pet has not been seen within 12 months by a doctor, your medicine and food will not be refilled until an appointment is made.***

We love social media! Do we have permission to share your pet's image and story on our social media, website, facebook, and other forms of related media? Your personal information will never be shared. **YES / NO**

***If your pet is past due on the Rabies vaccination our veterinarians can decline examination unless this is updated today. The exception to this would be if your pet has a medical condition that would contraindicate this. You, the owner, agree to assume the responsibility for the care and actions of your pet. Rabies vaccination is required under North Carolina Law. If any pet bites anyone at AHNA, by law, a rabies control officer must be notified and the pet may be quarantined. Quarantine requirements may be stricter for pets not current on the rabies vaccination.***

We gladly accept cash, debit, all major credit cards and checks. We also offer Care Credit financing to help make the highest quality care accessible to all our patients. We also work with all types of pet insurance, but encourage families to research their individual fee schedule for best possible coverage.

I understand that payment is **ALWAYS DUE IN FULL** at the time of service. I recognize that financial concerns should be discussed PRIOR to exam and treatment.

I certify I am the owner and hereby authorize the veterinarian to examine, prescribe for or treat the below patient. I assume responsibility for all charges incurred in the care of this animal.

Owner's Name: \_\_\_\_\_ (Printed)

Patient Name: \_\_\_\_\_ (Printed)

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please keep completed questionnaire with you until the Exam Room Nurse escorts you into the exam room**

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