



winchester road

ANIMAL HOSPITAL

Dr. Melinda Combs | 1479 Winchester Road | Huntsville, AL 35811



Date_____

Owner Name_____

Address _____

City_____ State _____ Zip Code _____

Home Phone_____ Work Phone_____ Cell Phone _____

Email Address_____

How did you learn of our clinic? ☐Yellow Pages ☐Drive by/Neighborhood ☐Website
☐Facebook ☐Client/Friend (Please let us know who!)_____

Emergency Contact: Name_____ Phone Number_____

Pet Health History

Name of Pet_____ ☐ Dog ☐ Cat ☐ Other_____

Breed_____ Color_____ Birthdate/Age_____

☐Male ☐Neutered ☐Female ☐Spayed

Has your pet been vaccinated in the past? ☐Yes; If so, when/where_____ ☐No

Please list any of your pets' current medications (Including Flea/Heartworm Prevention):

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner_____ Date_____

Welcome to Winchester Road Animal Hospital!



Name of Pet _____

Owner Last Name _____

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

My cat spends most of his/her time:

- ☐ Indoors
- ☐ Outdoors
- ☐ In and out

My cat comes in contact with other pets outside my household...

- ☐ Yes:
 - ☐ While boarded at a kennel
 - ☐ While professionally groomed/bathed
 - ☐ While outside(i.e. neighbors pets)
- ☐ No

What are you feeding your cat? _____

If you offer table food, please list examples: _____

Which best describes your pets' attitude?

- ☐ Playful
- ☐ Depressed
- ☐ Slowing down
- ☐ Extremely active

Which best describes your cats' breath?

- ☐ Not bad for a cat
- ☐ Unpleasant
- ☐ Really bad (needs mouthwash)

Which best describes your cats' water consumption?

- ☐ Same as last year
- ☐ More than last year

Please check any of the conditions that your pet has experienced:

- | | |
|---|---|
| <input type="checkbox"/> Crying | <input type="checkbox"/> Fleas or ticks |
| <input type="checkbox"/> Eye discharge | <input type="checkbox"/> Itching or chewing |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fleas or ticks |
| <input type="checkbox"/> Hiding | <input type="checkbox"/> Change in weight |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Frequent urination |
| <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Increased thirst |

Is your cat receiving any medications other than ones dispensed from this hospital?

- ☐ Yes (Please list) _____
- ☐ No

Is your cat currently on any flea or heartworm preventives?

- ☐ Yes, please list _____
- ☐ No

Do you need a refill?

- ☐ Yes
- ☐ No

Please note any questions or topics you would like to discuss.

Has any of your personal information changed? (i.e. address/phone #)

- ☐ Yes (Please ask receptionist for information update form) ☐ No, everything is the same as my last visit

Would you be interested in receiving text messages for appt. reminders & other monthly reminders?

- ☐ Yes ☐ No

