



## Appointment History

In an effort to keep our clients and our staff healthy, we are requesting that you take a few moments and answer some questions relating to the appointment.

\*Note: Not all of the questions are required.

### *COVID-19 Health Questions for Pet Owners*

Are you, or someone you've been in contact with, experiencing any sore throat, fever, or any type of respiratory distress including coughing?

Yes  No

In the past 14 days, have you had any known contact with someone who was confirmed by a medical practitioner to be infected with the COVID-19 virus?

Yes  No

In the past 14 days, have you been on a cruise or traveled to a country with the widespread transmission of COVID-19?

Yes  No

**If you answered YES to any of those questions, we request that you reschedule your appointment, or have a family member that can answer NO to those all of those questions, bring your pet for their appointment.**

### *Client Information Questions*

What is your relationship with Pressly Animal Hospital?

Established Client/Established Patient  Established Client/New Patient  
 Brand New Client/Brand New Patient  Foster or Adopter for GCSPCA  
 Foster or Adopter for other Rescue Group

**\*If you are a brand new client to Pressly Animal Hospital, please complete New Client/New Patient Form.**

**\*If you are an established client and need to update any of your information, you can call us, or you can complete the NEW CLIENT form; in that form, there is a box to check next to "I'm an existing client and would like to update my information."**

Client Name \_\_\_\_\_

If you are a foster/recent adopter for a rescue group, please list rescue group.

\_\_\_\_\_

Email Address \_\_\_\_\_

Best Contact Phone Number for During Appointment \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

### ***Pet Information Questions***

Pet Name \_\_\_\_\_

### ***Appointment Information***

Date / Time

\_\_\_\_\_

What type of appointment is this for?

Heartworm Treatment

Wellness

Illness

Injury

Medical Progress/Recheck

Other: \_\_\_\_\_

If this appointment is for heartworm treatment, please let us know if there are any concerns or issues with your pet that you would like the doctor to be aware of and examine.

\_\_\_\_\_

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\_\_\_\_\_

If this appointment is for a wellness visit for annual vaccines or tests, please let us know if there are any concerns or issues with your pet that you would like the doctor to be aware of and examine.

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What symptoms is your pet exhibiting?

- Coughing or Sneezing     Vomiting or Diarrhea  
 Skin Issues                 Ear or Eye Problems  
 Lameness/Slow to Rise     Change in Appetite or Water Consumption  
 Urinary Issues               ADR - Ain't Doing Right  
 Weight Loss or Gain       Other: \_\_\_\_\_

Be as detailed as possible in regards to your pet's symptoms.

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If this appointment is for an injury be as detailed as possible in regards to your pet's symptoms.

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If this appointment is for a medical progress/recheck exam please let us know what we are rechecking on your pet and if there are any new concerns that the veterinary team needs to be made aware of.

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Do you need any medication refills today?

- Yes                       No

If yes, please list medications.

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Does your pet need any additional services while under our care?

- |   |  |
|---|--|
| <input type="checkbox"/> Nail trim (\$19)             | <input type="checkbox"/> Ear Hair Removal (\$17) |
| <input type="checkbox"/> Microchip \$35 + Tax         | <input type="checkbox"/> Ear Flushing (\$39)     |
| <input type="checkbox"/> Anal Gland Expression (\$32) | <input type="checkbox"/> Sanitary Clip (\$15)    |

Do you need to pick up any of these products while your pet is here?

- |  |   |
|--|---|
| <input type="checkbox"/> Heartworm Prevention        | <input type="checkbox"/> Flea and Tick Prevention     |
| <input type="checkbox"/> Aloe/Oatmeal Shampoo 16 oz. | <input type="checkbox"/> Medicated Alkaline Ear Flush |
| <input type="checkbox"/> Krill Joint Support Chews   | <input type="checkbox"/> CET Dental Chews             |

**Call or text the hospital at 704-234-0374 upon arrival and inform the team of what number parking spot you are in.**

**Please have your pet in a secure carrier or on a leash.**

**Please wait in the car and a team member will guide you for the next step.**