

## Pre-Visit Questionnaire

Thank you for choosing Marshfield Animal Hospital, Inc. for the care of your pet. We want to make your pet's veterinary experience as stress free as possible. As such, it is important for us to understand what your pet might find upsetting.

Client Name:

Patient Name:

Phone Number:

Does your pet show any reluctance to getting into the carrier or the car? YES/NO

How does your pet travel in the car?

- In a carrier
- Wears a Seatbelt
- Loose
- Other \_\_\_\_\_

During Travel to the veterinary hospital, does your pet do any of the following? Check all that apply:

- Seems eager and excited
- Is subdued
- Is reluctant
- Barks/meows
- Hide
- Whine
- Pant
- Drool
- Vomit
- Tremble
- Urinate/defecate
- Pace
- Other \_\_\_\_\_

Check any situations listed below that your pet has shown avoidance or dislike of in the past:

- Getting into carrier or car
- Entering the veterinary hospital

- Other pets and/or people passing by while in reception area
- Waiting with other pets and people in reception area
- Being approached by veterinary staff
- Getting on scale for weight
- Hearing the doorbell or phone ringing
- Sounds coming from other areas of hospital
- Having direct eye contact with technician or doctor
- Loud voices during exam
- Going into the exam room
- Being on exam table
- Having rectal temperature taken
- The use of instruments such as stethoscope or otoscope (to look into ears)
- Having blood drawn
- Being taken out of exam room for procedures
- Having nails trimmed

Does your pet prefer:

- A female veterinarian
- A male veterinarian
- It does not matter

How would you describe your pet around other animals and people?

Does your pet have any sensitive areas that s/he does not like to have touched by you or others?

Are there any procedures your pet has not liked having performed at the veterinary hospital in the past or that have seemed difficult for you or the staff to do? (Nail trims, anal gland expression, blood draw, ect.) If so, how did your pet react?

What are your pets favorite treats? (Please bring to your visit to the hospital)

Does your pet have a favorite toy? If so, what kind(s)?

Does your pet have any known allergies? If yes, please list.

Has your pet ever had a reaction to vaccines? If yes, which vaccines and what happened?

Has your pet every been prescribed medications or supplements to help with a visit to the veterinary hospital? If so, what was it and what sort of results did you see?

Is your pet on any medications? If yes, please list the drug, dose and frequency.

Is your pet on Flea & tick prevention? If yes, which product?

- Frontline
- Advantix
- Seresto collar
- Simparica
- Other: \_\_\_\_\_

Is your pet on Heartworm prevention? If yes, which product?

- Heartgard
- Sentinel Spectrum
- Proheart 12 injection
- Revolution
- Other: \_\_\_\_\_

Please list any medications you will need refilled at your visit?

Do you have any questions or concerns for your pet you would like to go over at your visit?

Are there any services you would like to have done for your pet at your visit?

- Ear cleaning
- Nail Trim
- Anal Gland Expression
- None
- Other: \_\_\_\_\_

Is there anything else you want us to know for your visit?

We thank you for giving us this opportunity to care for your four-legged family member(s). Please help us meet your needs better by taking a moment to complete and sign this client information sheet. If this is your first visit with us, please take a moment to complete this form and bring it with you to your first appointment to receive a \$20 discount.

**CLIENT INFORMATION**

Date: \_\_\_\_\_ Spouse / other: \_\_\_\_\_

Owner's name \_\_\_\_\_

Street address \_\_\_\_\_

Mailing address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home phone number ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell phone number ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Employers' name \_\_\_\_\_

Spouse / other \_\_\_\_\_

Employers name \_\_\_\_\_

Drivers license number \_\_\_\_\_ State issued: \_\_\_\_\_

**In case of an emergency and I cannot be reached, please contact:** \_\_\_\_\_  
**at the following number:** ( ) \_\_\_\_\_

How did you first hear of our hospital?

Someone we can thank? \_\_\_\_\_

Yellow pages \_\_\_\_\_

Hospital sign \_\_\_\_\_

Website/Internet \_\_\_\_\_

Referring hospital \_\_\_\_\_

Other \_\_\_\_\_

Professional Fees are due at the time services are rendered.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES, HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES. PLEASE BE SURE TO LET US KNOW RIGHT AWAY IF YOUR PET IS NOT UP TO DATE. THANK YOU.

**Client Signature** \_\_\_\_\_

# Marshfield Animal Hospital, Inc.



## Release Form for Media Use

I, the undersigned, do hereby consent and agree that Marshfield Animal Hospital, Inc., its' employees, or agents have the right to take pictures, video, or make digital recordings of myself and my pet(s) to use, publish and copyright in any and all media, now or hereafter known exclusively for the purpose of documenting my pet's visit to Marshfield Animal Hospital, Inc.. I further consent that my name and / or pet's name may be revealed therein or by descriptive text or commentary.

I do hereby release to Marshfield Animal Hospital, Inc., its' agents, and employees all rights to exhibit this work in print and electronic form publicly or privately with or without my name or my pet's name and to market and sell copies. I understand that the media may be used for any lawful purpose including publicity, illustration, advertising and web content. I waive any rights, claims, or interest I may have to control the use of mine or my pet's identity or likeness in whatever media is used.

I understand that there will be no financial or other remuneration for recording myself or my pet(s), either for initial or subsequent transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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Signature of Owner

Please print name and date