



Milan Area Animal Hospital

517 West Main Street
Milan, Michigan 48160
PH: 734- 439-CARE (2273)

New Client/Patient Survey

Milan Area Animal Hospital (MAAH) is currently booking 3 - 4 weeks out for appointments and we are no longer accepting new clients on an emergent basis. Here at MAAH we want to partner with you for your pet(s) healthcare needs. Due to a massive increase in client needs recently, we are no longer able to accept new clients without pre-screening to ensure that we are establishing a good doctor/client relationship. A good veterinary doctor/client relationship is based on honesty, respect and communication. Please fill this form out and return with **all previous veterinary history**.

CLIENT INFORMATION:

Name: First _____ Last: _____

Phone: _____ ☐ CELL ☐ HOME Alt Phone: _____

Alternate Contact

Name: _____ Relationship: _____ Phone: _____

Is pet residing with Primary client? ☐ Yes ☐ No *If yes, for how long?* _____

Permission for *alternate* to give consent for procedures and/or medications? ☐ Yes ☐ No

PATIENT INFORMATION:

Pet Name _____ Nickname: _____

Species: ☐ Canine ☐ Feline ☐ Avian ☐ Rodent ☐ Reptile

Breed _____ Age: _____ Sex _____ Spayed/Neutered* ☐ Yes ☐ No

*At what age was pet spayed/neutered? _____

What is your pets normal diet? _____

Is this pet kept current on:

Vaccinations (*Distemper, Rabies, etc.*) ☐ Yes ☐ No

If not current, when was the last time given? _____

Yearly Blood work (Chemistries & CBC) ☐ Yes ☐ No

If not current, when was the last time done? _____

Heartworm Testing ☐ Yes ☐ No

If not current, when was the last time done? _____

Testing for Tick-Borne Diseases (*inc Lyme*) ☐ Yes ☐ No

If not current, when was the last time done? _____

Fecal tests: ☐ Yes ☐ No How often is testing done? ☐ every 6 months ☐ Yearly

If not current, when was the last time done? _____

Is your pet on heart-worm prevention? ☐ Yes ☐ No If yes, which one _____

Do you keep your pet on this prevention year round? ☐ Yes ☐ No

Is your pet on flea & tick prevention? ☐ Yes ☐ No If yes, which one _____

Do you keep your pet on this prevention year round? ☐ Yes ☐ No

Is your pet on any other medications? (*Please list medication, frequency, and condition being treated*) _____

Does your pet have a Chronic medical condition? ☐ Yes ☐ No *If yes, describe below:*

Does your pet reside: ☐ Inside ☐ Outdoors ☐ Both

Does your pet have any behavioral problems that you are concerned with? ☐ Yes ☐ No

If yes, explain: _____

I hereby agree that the information provided is true and precise, to the best of my knowledge.

Signature: _____

Date: _____