

# Anne Arundel Veterinary Hospital

Website Forms Packet | Full-Service Veterinary Care | 410-789-0060

## Quick Form Guide

Form	Use
<b>Request an Appointment</b>	Use if the appointment has not already been scheduled.
<b>New Client Information</b>	For clients visiting AAVH for the first time.
<b>Wellness &amp; Vaccine Package Selection</b>	For adult or senior wellness / vaccine package selection.
<b>Canine Vaccine Information &amp; Consent</b>	For dogs receiving vaccines or choosing an adult dog wellness package.
<b>Feline Vaccine Information &amp; Consent</b>	For cats receiving vaccines or choosing an adult cat wellness package.
<b>Medical History — Sick Patient</b>	May be requested when additional medical history, medications, diet, or current concerns are needed.
<b>Dental Cleaning Promotion Consent</b>	For pets scheduled for the dental cleaning promotion or free dental exam offer.

# Request an Appointment Form

*Our team will reach out to confirm your appointment.*

This form is used to request an appointment. A member of our team will contact you shortly to review availability and finalize the details of your visit.

Name \*

---

---

Phone Number \*

---

---

Email \*

---

---

Pet's Name

---

---

Preferred Date for  
Appointment \*

---

---

Preferred Time for  
Appointment

---

---

Please let us know what this appointment request is for \*

---

---

Name \*

---

---

Phone Number \*

---

---

Email \*

---

---

Pet's Name

---

---

Preferred Date for  
Appointment \*

---

---

Preferred Time for  
Appointment

---

---

# New Client Information Form

*Our team will reach out to welcome you.*

Welcome to AAVH. Please complete the form below. Once submitted, a member of our team will contact you to follow up and assist with next steps.

## Client Information

Name *	_____	Spouse or Co-Owner of Pet	_____
Phone Number *	_____	Secondary Phone Number	_____
Email Address	_____	Occupation / Employer *	_____
Work Phone Number	_____		

## Pet Information

Pet's Name	_____	Species	_____
Breed	_____	Age / Date of Birth	_____
Sex / Spayed or Neutered	_____		

## How Did You Hear About Us?

How did you hear about Anne Arundel Veterinary Hospital?

\_\_\_\_\_

\_\_\_\_\_

## Next Steps

- I would like the hospital team to contact me to schedule an appointment.
- I would like information about wellness packages, dental care, or senior screening.
- I will provide or request transfer of my pet's prior medical records if available.

Printed Name (Signature) *	_____	Date *	_____
----------------------------	-------	--------	-------

# Wellness & Vaccine Package Selection Form

## Adult and Senior Pet Wellness Packages

Use this form to document package selection and client acknowledgment. Packages are valid for one pet for 1 year from date of purchase and are non-transferable.

<b>Pet's Name *</b>	_____	<b>Owner / Client Full Name *</b>	_____
	_____		_____
<b>Phone Number *</b>	_____	<b>Email Address</b>	_____
	_____		_____
<b>Date *</b>	_____	<b>Staff Member (if known)</b>	_____
	_____		_____

## Package Selection

Select the package(s) you are interested in:

- Adult Dog Core Wellness Package - \$249
- Adult Dog Complete Wellness Package - \$499
- Adult Dog Comprehensive Wellness Package - \$649
- Adult Cat Core Wellness Package - \$249
- Adult Cat Complete Wellness Package - \$499
- Adult Cat Comprehensive Wellness Package - \$549
- Senior Dog Basic Health Screen - \$699
- Senior Dog Advanced Health Screen - \$849
- Senior Cat Basic Health Screen - \$599
- Senior Cat Advanced Health Screen - \$849

## Additional Consent Requirement

*Clients selecting any Adult Dog Wellness Package must also complete the Canine Vaccine Consent Form. Clients selecting any Adult Cat Wellness Package must also complete the Feline Vaccine Consent Form. Senior Dog and Senior Cat Health Screen packages do not require a vaccine consent form unless vaccines are being given separately.*

## Important Package Information

Please acknowledge the following:

- I understand the selected package is valid for one pet for 1 year from date of purchase.
- I understand packages are non-transferable.
- I understand additional illness visits, medications, treatments, diagnostics, procedures, and services not listed are billed separately.
- I understand vaccines and diagnostics may be adjusted by the veterinarian based on my pet's age, vaccine history, lifestyle, medical status, and prior medical records.
- I understand package savings are based on estimated regular pricing when services are purchased individually.
- I understand recommendations may vary based on my pet's age, lifestyle, vaccine history, medical history, and doctor assessment.

<b>Printed Name (Signature) *</b>	_____	<b>Date *</b>	_____
	_____		_____

# Canine Vaccine Information & Consent Form

Please complete one form for each dog.

This form supports vaccine discussions and consent. Final recommendations are made by the veterinarian based on the dog's age, medical status, lifestyle, vaccine history, and prior records.

<b>Dog's Name *</b>	_____	<b>Owner / Client Full Name *</b>	_____
	_____		_____
<b>Phone Number *</b>	_____	<b>Email Address</b>	_____
	_____		_____
<b>Date *</b>	_____	<b>Dog's Age</b>	_____
	_____		_____
<b>Breed</b>	_____	<b>Weight</b>	_____
	_____		_____
<b>Sex / Spayed or Neutered</b>	_____	<b>Prior Vaccine Reaction?</b>	_____
	_____		_____

## Canine Vaccines to Discuss

- Rabies Vaccine
- DAPP / DHPP-L Vaccine
- Bordetella Vaccine
- Lyme Vaccine
- Canine Influenza Vaccine

### Other vaccines (please describe)

\_\_\_\_\_

\_\_\_\_\_

## Health Screening Questions

Please check all that apply:

- My dog has had a prior vaccine reaction
- My dog has vomiting, diarrhea, coughing, sneezing, lethargy, or fever today
- My dog is currently taking steroids, chemotherapy, or immune-suppressing medication
- My dog has a chronic medical condition
- My dog is pregnant or may be pregnant
- My dog is healthy today to the best of my knowledge
- I am unsure and would like the doctor to advise me

### If any boxes above need explanation, please describe

\_\_\_\_\_

\_\_\_\_\_

<b>Printed Name (Signature) *</b>	_____	<b>Date *</b>	_____
	_____		_____

# Feline Vaccine Information & Consent Form

Please complete one form for each cat.

This form supports vaccine discussions and consent. Final recommendations are made by the veterinarian based on the cat's age, medical status, lifestyle, vaccine history, indoor/outdoor risk, and prior records.

<b>Cat's Name *</b>	_____	<b>Owner / Client Full Name *</b>	_____
	_____		_____
<b>Phone Number *</b>	_____	<b>Email Address</b>	_____
	_____		_____
<b>Date *</b>	_____	<b>Cat's Age</b>	_____
	_____		_____
<b>Breed</b>	_____	<b>Weight</b>	_____
	_____		_____
<b>Sex / Spayed or Neutered</b>	_____		
	_____		

## Feline Vaccines & Tests to Discuss

- Rabies Vaccine
- FVRCP Vaccine
- FeLV Vaccine
- FIV / FeLV / HW SNAP Test
- FeLV / FIV Test

**Other (please describe)**

\_\_\_\_\_

\_\_\_\_\_

## Lifestyle and Risk Questions

Please check all that apply:

- My cat is strictly indoors
- My cat sometimes goes outdoors
- My cat lives with other cats
- My cat has contact with cats of unknown vaccine or FeLV/FIV status
- My cat boards, travels, or may be exposed to other cats
- My cat has had a prior vaccine reaction
- My cat is sick today or has appetite, vomiting, diarrhea, breathing, skin, urinary, or behavior concerns
- My cat is healthy today to the best of my knowledge
- I am unsure and would like the doctor to advise me

**If any boxes above need explanation, please describe**

\_\_\_\_\_

\_\_\_\_\_

<b>Printed Name (Signature) *</b>	_____	<b>Date *</b>	_____
	_____		_____

# Medical History Form — Sick Patient

*May be requested by our team when additional history is needed.*

Please complete this form if requested by our team or if your pet has medical concerns, medication changes, diet changes, or new symptoms.

<b>Pet's Name *</b>	_____	<b>Owner / Client Full Name *</b>	_____
	_____		_____
<b>Preferred Pronouns</b>	_____	<b>Phone Number *</b>	_____
	_____		_____
<b>Email Address</b>	_____		
	_____		

## Current Concerns

**Please describe your pet's current concerns or symptoms \***

\_\_\_\_\_  
\_\_\_\_\_

**Please list any medications you need refilled at your appointment. If none, write NONE. \***

\_\_\_\_\_  
\_\_\_\_\_

**Please list all known allergies to medications, vaccines, or food. If none, write NONE. \***

\_\_\_\_\_  
\_\_\_\_\_

**Please list the type, brand, and amount of food your pet receives. Include treats. \***

\_\_\_\_\_  
\_\_\_\_\_

Diet details:

- Raw diet
- Grain-free diet

**Additional information that may help the doctor**

\_\_\_\_\_  
\_\_\_\_\_

## Wellness & Travel

Wellness plan interest:

- Yes, I would like information about wellness packages
- No
- My pet is already on a wellness plan

Travel plans:

- Yes, travel within the United States
- Yes, international travel
- No

**Printed Name  
(Signature) \***

---

---

**Date \***

---

---

# Dental Cleaning Promotion Consent Form

*One form per pet scheduled for the dental cleaning promotion or free dental exam.*

This form documents consent for routine dental cleaning under anesthesia and acknowledgement of what is and is not included in the promotional dental cleaning price.

<b>Pet's Name *</b>	_____	<b>Owner / Client Full Name *</b>	_____
	_____		_____
<b>Phone Number *</b>	_____	<b>Email Address</b>	_____
	_____		_____
<b>Species (Dog or Cat)</b>	_____	<b>Date *</b>	_____
	_____		_____

## Included in the Promotional Price

Please acknowledge:

- I understand the promotional dental cleaning includes anesthesia, professional dental cleaning, scaling above and below the gumline, polishing, and oral health evaluation during the procedure.

## Services Not Included

Please acknowledge — billed separately if recommended or needed:

- I understand pain medication is not included.
- I understand antibiotics are not included.
- I understand dental radiographs / dental X-rays are not included.
- I understand tooth extractions are not included.
- I understand additional treatments or procedures are not included.
- I understand advanced dental surgery is not included.

<b>Printed Name (Signature) *</b>	_____	<b>Date *</b>	_____
	_____		_____