

Comprehensive Patient Medical History Form

	Yes	No
1. Is your address and phone number current?		
2. Do you have pet health insurance?		
3. Are your pet's vaccinations up to date?		
4. Is your pet spayed or neutered?		
5. Was there a heartworm test in the last year?		
6. Is your pet taking heartworm prevention?		
7. Has your pet been tested for worms in the last year?		
8. Has your pet had any illness/injury in the last year?		
9. Has your pet ever had a seizure or behavioral problem?		
10. Does your pet get table scraps? Type of food _____		
11. Did your pet eat in the last four hours?		
12. Any change in the nature of urine or urinating?		
13. Has there been any recent vomiting?		
14. Has your pet been coughing, sneezing, or gagging?		
15. Any listlessness, weakness, or lethargy?		
16. Any weakness?		
17. Any lameness? Circle leg RF LF RR LR		
18. Any Shaking? Where? _____		
19. Any Scratching? Where? _____		
20. Any hair loss? If so, where? _____		
21. Any Scooting of rear?		
22. Unusual lumps or bumps?		
23. Bad breath?		
24. Any Unusual discharge? Where? _____		
25. Any Diarrhea? or Constipation?		
26. Any Stiffness _____ or Pain _____ Where? _____		

	Same?	Increased?	Decreased?
Drinking			
Appetite			
Urination			
Defecation			
Weight			

Payment today by:

☐ Cash ☐ Check ☐ Credit Card

Reason for visit today

Has your pet been examined elsewhere for the same condition? ☐ Yes ☐ No

If so, where? _____

What medications is your pet now taking?

Is your pet allergic to any food, medication, or treatment? ☐ Yes ☐ No

If yes, please describe _____

What heartworm prevention is your pet on?

What flea control is used?

Your pet is: _____ Indoors _____ Outdoors

Other pets in the household?

_____ Dogs _____ Cats _____ Exotics

Travel with your pet? Yes No Where? _____

Anything else we need to know?

I hereby authorize the hospital to prescribe for and treat the conditions presented on this form for the pet presented by me. The hospital and staff will not be held liable for any problems that develop provided that reasonable care is provided. Further I agree to pay fees in full for services rendered when pet is discharged from the hospital's care.

Signature

Date

ANESTHESIA AUTHORIZATION

OWNER: _____ PET: _____ DATE: _____

PROCEDURE: _____

• **WHEN DID YOUR PET LAST EAT OR DRINK?** _____

• **PREOPERATIVE BLOOD SCREEN (\$57.80):**

Anytime anesthesia is administered or surgery is performed there are risks, regardless of how small. In order to minimize these risks a full physical exam will be performed on your pet. In addition to the physical examination, Windsor Park Animal Hospital **STRONGLY RECOMMENDS** the *optional* preoperative blood work, which determines the condition of the liver and kidneys, these organs are responsible for filtering any anesthetic from the body. The blood work also checks for systemic infections and/or anemia. This *optional* preoperative blood screening helps to further lower the risks of anesthesia and/or surgical procedure, and is an additional \$57.80.

(Check one)

_____ I WISH for the preoperative blood screening to be performed
_____ I DO NOT wish for the preoperative blood screen to be performed

• **LASER PROCEDURE (\$60.00): (Optional-Except for Declaws)**

We are proud to offer laser surgery as a new option for our clients who want the safest and least painful treatment for their pets. Some of the benefits of using laser procedure are less pain, less bleeding, less swelling, reduced risk of infection and quicker recovery.

(Check one)

_____ I WISH for the laser to be used on my pets procedure
_____ I DO NOT want the laser procedure to be used for my pet

• **POSTOPERATIVE PAIN MEDICATION (\$16.85-\$30.00):**

In most cases, pain medication is recommended for your pet's comfort and speedy recovery. It is given for three to five days after the surgical procedure. Pain medication will cost \$16.85 to \$30.00 depending on the size of your pet.

(Check one)

_____ I WANT pain medication for my pet
_____ I DO NOT want pain medication

I, the undersigned, consent to the administration of anesthesia and authorize Windsor Park Animal Hospital to perform the surgical procedure listed above on my pet.

Signature of Owner or Authorized Agent

Contact Telephone Number

Printed Name of Owner or Authorized Agent

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Interview (Month/Day/Year):

/ /

Applicant Data

How were you referred to us:

Position Applied for:

Full Name:

Address:

City:

State:

Zip:

Phone:

Mobile/Pager/Other:

E-mail:

Date Available to Start:

Social Security Number:

-

-

Salary Requirements:

If you are under 18 years of age, can you provide a work permit? ☐ Yes ☐ No If no, please explain:

Have you ever worked for this company? ☐ Yes ☐ No If yes, when?

Are you legally allowed to work in the United States? ☐ Yes ☐ No

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? ☐ Yes ☐ No If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position):

State:

Education History

Name & Location of High School:

Did you graduate?

Name & Location of College:

Years attended:

Degrees completed:

Other Subjects Studied:

Trade, Business or Correspondence School:

Years attended:

Subjects Studied:

Did you graduate:

Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: _____ Date: _____

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.