

Date: \_\_\_\_\_

**Intake Form**

Patient Label

Does your pet have a microchip?  Yes  No

Does your pet have insurance?  Yes  No

If **yes**, what insurance? \_\_\_\_\_

Is the information on the label up to date?  **Yes**  **No**, if **no** please fill out:

Client First and last name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Visit Information:**

1. What is the primary reason for your pets visit today? \_\_\_\_\_

2. Is your pet eating and drinking normally?  **Yes**  **No**

If **no**, how long? \_\_\_\_\_

3. Has your pet been coughing, sneezing, vomiting, or having diarrhea?  **Yes**  **No**

If **yes**, how long? \_\_\_\_\_

4. Is your pet urinating and defecating normally?  Yes  No

If **no**, how? \_\_\_\_\_

5. Diet information: Please include the brand name, how much, and how often they eat.

\_\_\_\_\_

6. Is your pet currently on any flea or tick preventatives?  Yes  No

If **yes**, which one(s)? \_\_\_\_\_

7. Has your pet had a heartworm test?  Yes  No, If **yes** when? \_\_\_\_\_

8. Has your pet had any vaccine reactions in the past?  Yes  No

If **yes**, to which vaccine(s)? \_\_\_\_\_

9. Does your pet have any known allergies?  **Yes**  **No**

If yes, to what? \_\_\_\_\_

While your pet is here, can they have treats to make their visit more pleasant?

(ex:peanut butter)  Yes  No

**STAFF ONLY SECTION BELOW:**

Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_

Additional Notes: