

**Intake Form**

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

Patient Label

Does your pet have a microchip?  **Yes**  **No**

Does your pet have insurance?  **Yes**  **No**

If , what insurance? \_\_\_\_\_

Can we post pictures and/or videos of your pets on our social media?  **Yes**  **No**

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 long? \_\_\_\_\_

**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 when? \_\_\_\_\_

**8.** Is your pet currently taking any medication(s)?  **Yes**  **No**

If yes, which medication(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: