



New Patient Intake Form

Pet Owner Information:

Client Name: _____ DOB: _____
FIRST NAME LAST NAME

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail address: _____

Emergency Contact: _____ Emergency Phone Number: _____

Work Phone Number: _____

Pet #1 Information:

Name: _____ DOB: _____ Sex: _____ M _____ F

Breed: _____ Color: _____ Neutered/Spayed: _____

Microchipped: _____ Yes _____ No Allergies: _____

Reason for visit? _____



New Patient Intake Form

Pet #2 Information:

Name: _____ DOB: _____ Sex: _____ M _____ F

Breed: _____ Color: _____ Neutered/Spayed: _____

Microchipped: _____ Yes _____ No Allergies: _____

Reason for visit? _____

How did you hear about the clinic?

- Employee Referral
- Client Referral
- Drive by
- Internet Search
- Phonebook
- Facebook
- Other

"I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

All payments are due at the time of service. Not making a payment could result in further collection processes."

Client Signature: _____ **Date:** _____