



## New Patient Intake Form

### Pet Owner Information:

Pet owner must be over the age of 18.

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? \_\_\_\_\_

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



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### 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:** \_\_\_\_\_