



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? _____



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

Social Media Consent: I give Klein Animal Clinic permission to take photos of me and/or my pet with or without my name and for any lawful purpose, including but not limited to publicity, illustration, advertising and social media content. Yes No

"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:** _____