

# New Patient Intake Form Template

## Welcome to our clinic!

Please fill out the following form prior to your pet's appointment.

### Pet owner information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us?

- |  |  |
|--|--|
| <input type="checkbox"/> Drove by clinic | <input type="checkbox"/> KUNC public radio   |
| <input type="checkbox"/> Online search   | <input type="checkbox"/> Shelter (Bounce, Humane Society, Animal Friends Alliance, etc.) |
| <input type="checkbox"/> Social media    | <input type="checkbox"/> Billboard   |
| <input type="checkbox"/> Friend/Referral | <input type="checkbox"/> Other   |

### Pet information

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of birth: \_\_\_\_\_

- Dog    Cat  
 Male    Female  
Spayed or neutered:  
 Yes    No

2<sup>nd</sup> pet

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of birth: \_\_\_\_\_

- Dog    Cat  
 Male    Female  
Spayed or neutered:  
 Yes    No

What is your pet's vaccination status?

- Current on vaccines  
 Needs vaccination updates  
 Has never had vaccinations  
 Not sure

Name of previous veterinary clinics and location (city/state):

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

Does your pet receive monthly heartworm, flea, and tick prevention year round?

- Yes  
 No  
 Part of the year

What product(s) do you use? \_\_\_\_\_

Does your pet have any pre-existing medical conditions?

- Yes
- No

If yes, please list medical conditions.

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Is your pet currently taking any medications?

- Yes
- No

If yes, please list medications and dosage.

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Did you recently acquire your pet?

- Yes
- No

If yes, where did you get your pet?

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Does your pet have any food allergies or sensitivities we need to be aware of?

- Yes
- No

If yes, please list allergies.

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Do you have any concerns you would like to address with the veterinarian?

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