

4007 S. Lincoln Ave., Suite 470, Loveland, CO 80537

Phone 970-663-0218 Fax 970-663-1922

**NEW PATIENT INTAKE FORM**

Today’s Date:

Client Information:

Owner’s Name: Phone Number:

May we text you at this number?  Yes  No

Address: City: State: Zip:

Email address: Additional contact phone:

Preferred method of contact:  Email  Call  Text

Additional parties authorized to bring pet in for care? (This also authorizes the use of the card on file, if any.)

Name: Relationship to you (Owner)?:

Patient Information:

Name: Date of Birth (or approximate age):

Species: K9 / Feline Breed: Color:

Sex: Mal  e Female Spayed/Neutered Recently adopted? Yes, When? No

Main objective for appointment (i.e. wellness, vaccine update, injury, illness, etc.):

List current concerns in order of importance:

Has your pet had any previous diagnoses, health concerns, or illnesses? (List chronic conditions/allergies here)

Has your pet had any previous medical procedures (i.e. dental extractions, knee surgery, etc.)

Current Medications/Supplements:

Drug Name, Dose, Frequency, Last time given, Refill needed?

Would you be interested in having your medication delivered to your home? Yes No

Is your pet currently on Heartworm Prevention? Yes, What type? No

Is your pet currently on Flea & Tick Prevention? Yes, What type? No

Diet:

What food is your pet currently eating (brand, flavor, wet/dry, etc.)?

Does your pet have any food allergies?

Do you meal feed or free feed? If other, please explain:

How much is offered at each meal? What time(s) is your pet fed?

How does your pet eat: (choose one)? Readily (always eats full amount promptly) Finicky (doesn’t finish bowl all at once)

Does your pet receive treats or human food? Yes, Explain No

Would you be interested in having your pet’s food delivered directly to your home? Yes No

Home & Lifestyle:

Are there children in the home? Yes, Ages? No

Are there other pets in the home? Yes (explain below) No

CATS ONLY: Is your cat (select one) Indoor ONLY or Indoor/Outdoor?

DOGS ONLY: Does your dog go to (select all that apply) Boarding, Grooming, Doggie Day Care, Dog Parks, Other high traffic animal areas?

Travel:

Has your pet had any recent or extensive travel history? Yes (explain below) No

Any upcoming travel plans? Yes (explain below) No

Does your pet have any behavioral issues or concerns? (i.e. inappropriate urination, fear aggression, storm anxiety, bite history, etc.) Yes (explain below) No

Is there anything else that you would like us to know about your pet? Is there anything else that we should be aware of?

Is there anything that we should know about YOU (the client/owner)? (i.e. needle phobias, hearing/sight issues, allergies, etc.)

We often use peanut butter in the clinic for treats – PLEASE notify the front desk staff IMMEDIATELY at CHECK IN of any peanut allergies!

Don’t forget to bring your previous veterinary records (including vaccination history) to your appointment or have it sent over prior to your appointment.

For your safety & the safety of others, ALL patients must be restrained (either in a carrier or on a leash) at all times when in the clinic. Thank you.

We look forward to seeing you soon!!