



Canine Patient Intake Form



Last name: \_\_\_\_\_

Pet name: \_\_\_\_\_

Date: \_\_\_\_\_

Any change to address/phone number since last visit? YES\_\_\_ NO\_\_\_

Does your pet receive the following vaccinations?

- Rabies YES\_\_\_ NO\_\_\_ WANT MORE INFORMATION\_\_\_
- DHPP YES\_\_\_ NO\_\_\_ WANT MORE INFORMATION\_\_\_
- Leptospirosis YES\_\_\_ NO\_\_\_ WANT MORE INFORMATION\_\_\_
- Lyme YES\_\_\_ NO\_\_\_ WANT MORE INFORMATION\_\_\_
- Bordatella ("Kennel cough") YES\_\_\_ NO\_\_\_ WANT MORE INFORMATION\_\_\_
- Canine Influenza YES\_\_\_ NO\_\_\_ WANT MORE INFORMATION\_\_\_

Is your pet on HEARTWORM PREVENTION?

YES\_\_\_ (what kind? \_\_\_\_\_) NO\_\_\_ WANT MORE INFORMATION\_\_\_

Is your pet on FLEA AND TICK PREVENTION?

YES\_\_\_ (what kind? \_\_\_\_\_) NO\_\_\_ WANT MORE INFORMATION\_\_\_

Do you want your pet tested for HEARTWORM AND LYME DISEASE?

YES\_\_\_ NO\_\_\_ WANT MORE INFORMATION\_\_\_

Do you want your pet to have a FECAL TEST for intestinal parasites?

YES\_\_\_ NO\_\_\_ WANT MORE INFORMATION\_\_\_

Do you want your pet to have SENIOR BLOODWORK (if applicable)?

YES\_\_\_ NO\_\_\_ WANT MORE INFORMATION\_\_\_

Do you want your pet to get a MICROCHIP?

YES/ALREADY HAS\_\_\_ NO\_\_\_ WANT MORE INFORMATION\_\_\_

Do you want your pet SPAYED/NEUTERED?

YES/ALREADY IS\_\_\_ NO\_\_\_ WANT MORE INFORMATION\_\_\_

Is your pet COUGHING OR SNEEZING

YES\_\_\_ (explain: \_\_\_\_\_) NO\_\_\_

Is your pet EATING AND DRINKING NORMALLY?

YES\_\_\_ NO\_\_\_ (explain: \_\_\_\_\_)

What does your pet EAT? Any recent diet changes?

\_\_\_\_\_

Is your pet having VOMITING OR DIARRHEA?

YES\_\_\_ (explain: \_\_\_\_\_) NO\_\_\_

Is your pet URINATING AND DEFECATING NORMALLY//IN NORMAL LOCATION?

YES\_\_\_ NO\_\_\_ (explain: \_\_\_\_\_)

Signature \_\_\_\_\_ Date \_\_\_\_\_