

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?

- Drove by clinic
- Online search
- Social media
- Friend/Referral
- Other

Pet information

Name: _____

Breed: _____ Color: _____

Date of birth: _____

Spayed or neutered:

- Yes
- No

When was the last time your pet went to the veterinarian for routine wellness care?

- Within the last month
- Within the last 6 months
- Within the last year
- More than a year ago
- Never
- Not sure

What is your pet's vaccination status?

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

Do you have previous medical records to share about your pet?

- Yes
- No

If you don't have medical records with you, may we contact your previous veterinarian for your pet's medical records?

- Yes
- No

Who was your previous veterinary care provider? _____

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

- Yes
- No

What product(s) do you use? _____

Does your pet have any pre-existing medical conditions?

- Yes
- No

If yes, please list medical conditions.

Is your pet currently taking any medications?

- Yes
- No

If yes, please list medications.

Did you recently acquire your pet?

- Yes
- No

If yes, where did you get your pet?

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

- Yes
- No

If yes, please list allergies.

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