



Medical intake Form Canine and Feline

Pet's name: _____

Phone#: _____

My pet is here for *(Please select one of the following):*

Vaccines/ Annual exam *Verify w/ reception vaccines/lab work being done today*

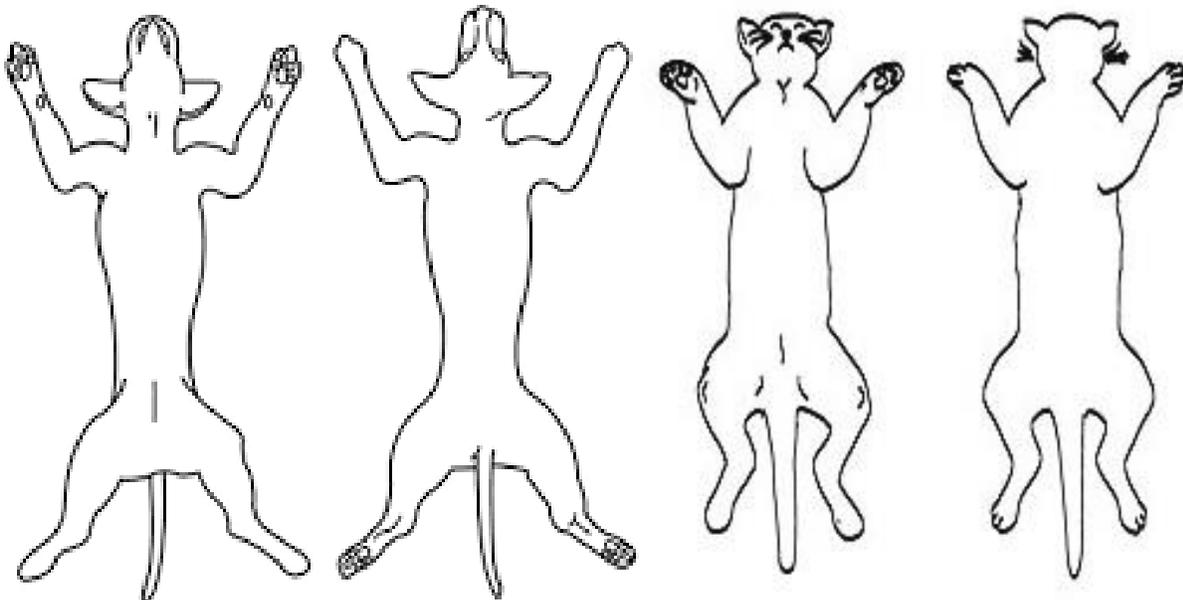
Recommended recheck for: _____

Sickness/illness. Please check all that apply:

<input type="checkbox"/> Lethargy	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Coughing
<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Loss of Appetite	<input type="checkbox"/> Increased thirst	<input type="checkbox"/> Sneezing
<input type="checkbox"/> Ear irritation	<input type="checkbox"/> General itching	<input type="checkbox"/> Growth (please notate where below)	<input type="checkbox"/> Not acting right
<input type="checkbox"/> Limping- Which leg: _____	<input type="checkbox"/> Eye- which eye: _____		
<input type="checkbox"/> Other: _____			

How long has the problem been going on? Include any other information you feel is useful.

Please note where any growths/other hard to spot areas of concern are located:



Please continue to other side -->

Please confirm your pet's most current information. If you cannot remember the name of a medication, please check with reception that the information in their chart is still correct.

Monthly Heartworm/flea/tick prevention:

Canines:

<input type="checkbox"/> Simparica Trio	<input type="checkbox"/> Heartgard Plus	<input type="checkbox"/> Nexgard	<input type="checkbox"/> Nexgard Plus (3 in 1)
<input type="checkbox"/> Trifexis	<input type="checkbox"/> Frontline	<input type="checkbox"/> Revolution	<input type="checkbox"/> None
<input type="checkbox"/> Proheart Inj – 6 months or 12 months	<input type="checkbox"/> Other: _____		

Felines:

<input type="checkbox"/> Revolution Plus	<input type="checkbox"/> NexgardCombo	<input type="checkbox"/> Bravecto Plus	<input type="checkbox"/> AdvantageMulti
<input type="checkbox"/> Bravecto	<input type="checkbox"/> None	<input type="checkbox"/> Other: _____	

Is your pet on any other prescribed medications? Yes No

If yes please list the medication, dosage, and time last given below:

Is your pet on any supplements? Yes No

If yes please list what supplements:

Brand food of you feed: _____

Common brands are Science Diet, Royal Canin, Purina, Blue Buffalo, Farmers Dog, FreshPet

Does your pet get any human food? Yes No

If yes please list what they typically get:

Does your pet get any treats? Yes No

If yes please list what kinds and frequency:

Where does the pet spend most of their time:

Indoor Outdoor Both Indoor with patio access (cats only)

Do you take your dog to the following:

Dog Park Daycare Boarding Grooming Travel-to where: _____

Please note the number of other pets in household:

___ Dogs ___ Cats ___ Birds ___ Rabbits ___ Chickens ___ Rodents ___ Reptiles

Do you need an estimate for today? Yes No Yes if over: \$ _____

Please note that your pet is being worked into the doctor's schedule today. We can not guarantee a pick up time prior to 4pm due to possible diagnostics/treatments that may be required. We will call you when they're ready for pick up