



**New Client Intake Form**

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

Secondary Contact Name: \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

**Please indicate choice of Payment:**

\_\_\_\_\_

Cash/Check Visa/MasterCard AmericanExpress Discover

**How did you become aware of our Clinic?:**

DroveBy Yelp PawmsPetResort Facebook Google Other

Greater Birmingham Humane Society Word of Mouth Next Door

Current Client/Employee

**TERMS FOR ALL SERVICES ARE NET CASH UPON DISCHARGE. DEPOSIT  
REQUIRED ON ALL ANIMALS LEFT FOR HOSPITALIZATION.**

**UNDERSIGNED AGREES TO PAY THE NORMAL CHARGES FOR THESE  
SERVICES AND AS TO CHARGES THEREFORE WAIVES RIGHTS OF  
EXEMPTION AND AGREES TO PAY COST OF COLLECTION, INCLUDING  
ATTORNEY FEES.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



## New Patient Intake Form

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

Species:  Cat  Dog  Other

Sex:  Male  Female *Spayed/Neutered*:  Yes  No

Breed: \_\_\_\_\_ Date of Birth/Approx. Age: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Regular/Previous Veterinary Clinic: \_\_\_\_\_

### Medical History

Please enter the date of the most recent of the following:

#### Canine:

Rabies Vaccine? \_\_\_\_\_

Distemper, Parvo, Corona Vaccine? \_\_\_\_\_

Leptospirosis Vaccine? \_\_\_\_\_

Bordetella Vaccine? \_\_\_\_\_

Fecal Test? \_\_\_\_\_

Heartworm Test? \_\_\_\_\_

#### Feline:

Rabies Vaccine? \_\_\_\_\_

FVRCP \_\_\_\_\_

Vaccine? FELV \_\_\_\_\_

Vaccine? Fecal \_\_\_\_\_

Any previous illnesses/conditions/ surgeries? \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Any special diets or medications? \_\_\_\_\_

Our Pet(s)/are:  Member of our family  Child's pet  Backyard Pet  Stray