



# New Patient Intake Form

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## WELCOME TO OUR CLINIC!

Please fill out the following form prior to your pet's appointment.

Created: \_\_\_\_\_

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 a 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