

New Client Intake Form

Primary Owner/Caregiver

To help us provide the best care, please complete the following:

LAST NAME: _____	FIRST NAME: _____	
STREET ADDRESS: _____		
City: _____	Province: _____	Postal Code: _____
PRIMARY PHONE: (____) ____ - ____	CELL: (____) ____ - ____	WORK: (____) ____ - ____ ext ____
EMAIL: _____		

Spouse/Co-Owner

LAST NAME: _____	FIRST NAME: _____
PHONE: (____) ____ - ____	

Your First Visit

Date of your appointment: _____	
Which of the following best describes this visit?	<input type="checkbox"/> This is a one-time visit
	<input type="checkbox"/> I would like Westoak Animal Hospital to become my regular clinic.
How did you become aware of our hospital?	<input type="checkbox"/> Drove by <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Internet <input type="checkbox"/> Other _____
	<input type="checkbox"/> Referral, whom may we thank? _____
Photographs of pets may be taken at any time for medical records. These photos may be used for display or shared on websites and social media:	
<input type="checkbox"/> Yes, I give permission to take and use my pet's photo	<input type="checkbox"/> No thank you
<input type="checkbox"/> Yes, I give permission to provide vaccine information to grooming/boarding facilities.	<input type="checkbox"/> No thank you

Signature

Date

Patient Information

PET NAME: _____	DOB (M/D/Y): ____ / ____ / ____
SPECIES: <input type="checkbox"/> Dog	COLOUR: _____
<input type="checkbox"/> Cat (Declawed: <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor)	MICROCHIP: <input type="checkbox"/> No
<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes # _____
BREED: _____	TATTOO: <input type="checkbox"/> No
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Male-Neutered	<input type="checkbox"/> Yes # _____
<input type="checkbox"/> Female <input type="checkbox"/> Female-Spayed	PREVIOUS CLINIC NAME: _____
CURRENT DIET: _____	
Is your pet insured? <input type="checkbox"/> No <input type="checkbox"/> Yes, Insurance Company _____, Policy # _____	
Does your pet currently have any medical conditions and/or on medication? If so, briefly explain. _____	

All accounts are due when services are rendered. If you have any concerns, please speak with the receptionist before seeing the Veterinarian.

OFFICE USE ONLY: C / I / R / V / Hx Attached / Consent Attached / Photo Uploaded
Intake: _____ Verified by: _____