Jackie Clason, CCH

PET INTAKE FORM

Pet's name: _____ Type/Breed:_____ Sex: M F

Birth date:_____ Age:_____ Years living in your home:____

List other family pets:_____

Owner's name:_____ Home phone:_____

Cell: _____ E-mail:_____

Address:_____ City:_____State_____ Zip _____

Occupation: _____ Referred by: _____

Name of pet's other health care practitioners:_____

Put a check in the boxes applicable to your pet/write in your answer.

1.) Reasons for today's visit:

_____

_____

2.) Illnesses/Injuries

- ☐ Head injuries
- ☐ Poisoning of any kind
- ☐ Skin disorders
- ☐ Glaucoma
- ☐ Pneumonia
- ☐ Thyroid problems
- ☐ Kidney problems
- ☐ Broken bones
- ☐ Lyme disease
- ☐ Anxiety
- ☐ Depression
- ☐ Displasia
- ☐ Diabetes
- ☐ Asthma
- ☐ Heart problems
- ☐ Arthritis
- ☐ Frequent colds or illnesses

List any other illnesses or injuries:_____

_____

3.) Surgery/hospitalizations:

☐ Spayed/neutered _____ When _____

List any other operations or periods of hospitalization:

_____

4.) Immunizations: Has your pet had any of the following immunizations?

- ☐ Rabies
- ☐ Distemper
- ☐ Pervo
- ☐ FIP

List any other: _____

- ☐ Feline leukemia
- ☐ Lyme

5.) Allergies: Is your pet allergic to any foods? _____
drugs or medications? _____ other substances?_____

6.) Medications: List any medications your pet is currently taking: _____
_____

7.) Habits/Environment:
Does you pet:

- ☐ Have trouble sleeping
- ☐ Spend most of their time indoors
- ☐ Spend most of their time outdoors
- ☐ Behave aggressively toward other animals or people?
- ☐ Have fears of any kind
- ☐ Have problems with constipation
- ☐ Refuse to use the litter box

8.) Diet: Does your pet:

- ☐ Eat at irregular intervals
- ☐ Eat table scraps
- ☐ Eat in a hurried manner
- ☐ Follow a special diet
- ☐ Avoid certain foods
- ☐ Eat between meals

9.) Family history:
Do you know if any member of your pet's family has had:

- ☐ Diabetes
- ☐ Heart problems
- ☐ Kidney problems
- ☐ Dysplasia
- ☐ Epilepsy
- ☐ Cancer
- ☐ Joint problems
- ☐ Allergies
- ☐ Arthritis
- ☐ Thyroid problems
- ☐ Depression