



New Patient Intake Form

CLIENT INFORMATION

Name: _____

Street Adresse: _____

City: _____ Country: _____ Postal Code: _____

E-Mail: _____ Phone number: _____

Secondary Contact _____

E-Mail: _____ Phone number: _____

PET INFORMATION

Pet Name: _____ How long have you owned your pet: _____

Species: _____ Breed: _____

Color: _____ Age: _____

Gender: Male Female Unknown

Neutered/Spayed: Yes No Unknown









Exposure to the outdoors: Exclusively indoors Occasionally outdoors
 Regular outdoor access

Describe your pet's **travel history (five years)**:

MEDICAL INFORMATION

Name of **previous veterinary clinic(s)**: _____

Date of last **vaccinations**:

- Rabies   _____
- Leishmaniosis  _____
- CHPPi  _____
- Bordetella  _____
- Leptospirosis  _____
- FVRCP  _____
- FeLV  _____

List any known **allergies**: _____

List any current **medications/supplements**: _____

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- Do you need a refill of any medications: Yes No

What brings you into La Petite Clinique today?

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-
- If your pet is symptomatic, are these symptoms:

Getting Better Worsening Stable

- When did you first notice these symptoms: _____

Has your pet been **sick previously**: Yes No

- Describe the issue/treatment(s): _____
-

Describe your pet's **current diet**:

Brand/Ingredients if homemade: _____

Quantity per day: _____

Treats and quantity: _____

SIGNATURE

Signature:

Date:

We thank you for trusting our team to take care of your pet today. We will do everything we can to optimize your experience with us with care and compassion!

