

Patient info & Check –In Form

Please fill out as much information as you know. The more information that you can provide will save time the day of your appointment and help with accuracy. *If you are bringing in more than one pet please fill out an info sheet for each pet. Do not put multiple pets on one form. Thank you.*

Pet Owner Name: _____ Date: _____

Pet Name: _____

Pet date of birth: _____

Breed: _____ Color: _____ Male/Female: _____ Approx weight: _____

Does your pet have a micro-chip? _____ Date of implant: _____

Has your pet been spayed /neutered? _____

Reason for today's visit (please explain in detail): _____

Please describe in detail any changes in the following areas that you may have witnessed regarding your pets:

1. Diet:

a. Changes in eating habits or appetite? _____

b. What are you feeding your pet? _____ Quantity: _____

(Name & type of food-canned or dry) (How much & how often)

2. Drinking: More, Less, or Same? _____

3. Coughing, sneezing, vomiting, diarrhea? _____

4. Behavior changes? _____

5. Please list any medications your pet is currently on: (Name of meds, strength, how often its given)

a. Medication & Strength: _____ How often: _____

b. Medication & Strength: _____ How often: _____

c. Medication & Strength: _____ How often: _____

d. Medication & Strength: _____ How often: _____

6. Please list any supplements or non-prescription medications? _____

7. Is your pet on a flea preventative?

a. Name of product: _____ How often: _____ Last applied on: _____

(Monthly, or as needed)

(Date)

8. Do you know your pet's vaccine history? Do you know which vaccines are due?

a. Date of last Rabies vaccine: _____

b. Name & date of other vaccinations _____

Where were these vaccines performed: _____

(Do not write below line-for staff use only)

Notes Entered

Scanned- Date: _____

Entered into DVMax – Initials: _____

Staff Name _____

