



CLIENT/PATIENT INTAKE FORM

This intake form is used by MVVC to update your pet's records before you arrive for your appointment, the information entered here will only be used for this purpose and will not be shared outside of our hospital.

Client's Full Name:		Date of appt:	
Pet's Name:		Time of appt:	
Phone number:			
Reason for Visit:	<input type="checkbox"/> Yearly exam +/- vaccines <input type="checkbox"/> Other		
If other, please give a brief description of the reason for your visit below:			
Has this pet been seen previously for this issue by another veterinarian? If so, please bring any previous records you may have at the time of your visit or fax/ email in with this information.			
If this is a new patient, new puppy, or new kitten, please bring any previous records or documents you may have regarding this pet.			

Brief History:

What food brand do you currently give this pet?		
How much does this pet get at each meal?		
How many times a day do you feed them?	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three times <input type="checkbox"/> Free Choice	
Do you give any treats or table scraps	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, what kind and how often?		

Has this pet's activity levels been normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(By activity levels we mean playing, walking, using stairs, jumping on furniture: if any of these have not been normal, select NO and explain below)	
Any Behavioral concerns? (Aggression, fearful, crying out, inappropriate elimination)	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain below.

Any vomiting or diarrhea/constipation lately?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please write frequency and last episode. Please note if any blood was present and how long it has been going on
Have urinations been normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain below. Please note any blood or straining to urinate and how long it has been going on
Have you noticed any coughing or sneezing?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain below and how long it has been going on
Has this pet been itching/licking/biting?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain below and how long this has been going on
Any known allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain below.

Medications: Please list **ALL current medications** (including over the counter meds and preventatives such as flea/tick control, Heartworm control), the strength (if known), frequency you are giving, and last known dose given. Type/write NONE if no medications are currently being given.

<u>Medication</u>	<u>Strength</u>	<u>Frequency</u>	<u>Last dose date/time</u>
1.			
2.			
3.			
4.			

Thank you for taking the time to pre-fill in your pet's information. When you are finished, please email to office@mvet.com or fax to 330-505-9940. Please make sure this form is fully completed before sending to the clinic.

If we have any questions regarding your answers or need further information, we will either call you before your appointment or ask once you are here with your pet.

Alternatively, if you are unable to send the form back to us using email or fax, you may bring these forms to the office with you on the day of your visit, please tell our reception staff when you call in to let them know you arrived that you have a completed intake form and they will be able to get it from you and give it to your technician.

Thank you, also, for your continued support through these trying times, we are doing our best to make room for more appointments and to speed up appointment times to better provide care for all our clients and patients.

-MVC Team