

CARE ANIMAL HOSPITAL

Patient Intake Form

Owner Information

First Name:	Last Name:	M.I.:		
Mailing Address:	City:	State: Zip:		
Preferred contact number:	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell	<input type="radio"/> Other:
Home Phone:	Work Phone:	Cell Phone:		
Email:	Employer:			
Add'l Owner(s):				
Mailing Address:	City:	State: Zip:		
Preferred contact number:	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell	<input type="radio"/> Other:
Home Phone:	Work Phone:	Cell Phone:		

Consent Information

Other than you and any additional owner(s) listed above, are there any other persons to whom you give primary responsibility for the care of the patient? <input type="radio"/> Yes <input type="radio"/> No
If you have checked "Yes" above, please list the name, telephone number, and address for such other persons in the order you wish for us to contact them in the event that you or the co-owner(s) is not available (all authorized agents must be at least 18 years old):
1.
2.

Patient Information

1. Pet's Name:	Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Exotic
Breed: M <input type="checkbox"/> Neutered <input type="checkbox"/> F <input type="checkbox"/> Spayed <input type="checkbox"/>	Color: Birthdate or Age:
2. Pet's Name:	Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Exotic
Breed: M <input type="checkbox"/> Neutered <input type="checkbox"/> F <input type="checkbox"/> Spayed <input type="checkbox"/>	Color: Birthdate or Age:
3. Pet's Name:	Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Exotic
Breed: M <input type="checkbox"/> Neutered <input type="checkbox"/> F <input type="checkbox"/> Spayed <input type="checkbox"/>	Color: Birthdate or Age:

Informed Consent

I understand that my veterinarian will need to communicate with me, or someone designated by me, prior to treatment of my pet(s) in order to obtain informed consent. For purposes of obtaining informed consent, I direct my veterinarian as follows:

Informed consent may only be provided by me: Yes _____ No _____

Informed consent may be provided by me or the co-owner(s) above: Yes _____ No _____

Informed consent may also be provided by the agents above, in the order listed: Yes _____ No _____

Please list any special directions regarding who my veterinarian should contact to obtain informed consent in an emergency if I, any co-owner, and my authorized agents are not available: _____

I further acknowledge that no guarantee has been made as to results that may be obtained. I understand that complications may arise which cannot be predicted and that I will be held financially responsible for any veterinary medical care necessitated by complications.

Signature: _____ Printed Name: _____ Date: _____

Witness Signature: _____ Printed Name: _____ Date: _____

LAST:		FIRST:	
PET 1:	PET 2:	PET 3:	

Has your pet been vaccinated in the past year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Previous Veterinarian's Name:	
May we request your pet's previous health records?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>Most veterinary hospitals require signed authorization prior to releasing medical records. By providing my signature below, I hereby authorize Care Animal Hospital and its staff to obtain medical information for all pets listed. Signature: _____</p>	

Has your pet(s) had any previous illnesses, injuries, or surgeries?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, which pet:	
Please describe:	
Does your pet(s) have any allergies to vaccines or any medications?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, which pet:	
Please describe:	
Is your pet(s) on any special diet or medication?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, which pet:	
Please describe:	

How did you learn about our veterinary hospital? <input type="checkbox"/> Hospital Sign <input type="checkbox"/> Internet <input type="checkbox"/> Humane Society <input type="checkbox"/> Other:
<input type="checkbox"/> Recommendation: Whom may we thank? _____

How will your account be paid? Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Care Credit <input type="checkbox"/>
<p>Care Animal Hospital expects that all services will be paid for as they are provided. We accept Cash, Check, MasterCard, Visa, Discover and Care Credit. If some other credit arrangement might need to be made, it must be discussed <u>prior</u> to any services being performed. _____Initials</p>