



Intake Form

Carrier # _____ **CAGE #** _____

How did you hear about us? _____ **Are you scheduled for a FREE surgery? YES NO**

CLIENT'S NAME _____ **Email:** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone: _____ **Alt Number** _____

Pet's Name _____ **Please Circle: Cat Dog Male Female Unknown**

Breed _____ **Age** _____ **years/months Color/Description** _____

Has your pet had any vomiting or diarrhea? Yes No **Has your pet ever been allergic to shots? Yes No**
Is your pet on any medications? Yes No _____ **Has your pet recently had babies? Yes No**
Has your pet had any seizures or previous health conditions? Yes No _____

I UNDERSTAND THAT I CAN ELECT PRE-ANESTHETIC BLOODWORK FOR \$60 **ACCEPT** **DECLINE**

Would you like to make a donation today for a pet in need? Yes _____ **No** _____ **\$** _____

Signature of Client _____ **Date** _____

STAFF USE ONLY: Intake Staff: _____ **Microchip Scan** _____ **Weight:** _____

RV NEEDED? YES/NO If no, then list date rabies given: _____ **Clinic that gave RV:** _____



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